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## RECEIVED R.I. DEPT. OF STATE Statement of Abandonment of Use of Fictitious Business Namesycs DIV

**DOMESTIC** and FOREIGN Non-Profit Corporation

→ Filing Fee: \$20.00

2021 SEP -3 A 11: 01 -

1. Entity ID Number:	2. The name of the corporation is:  Gateway Healthcare, Inc.		
000029890			
3. The fictitious business	name to be abandoned is:		
Tri-Hab			
4. The date when the original statement being abandor	ginal fictitious business name ned was filed is:	06/22/2006	<u>.</u>
5. The state or country the entity is incorporated is:		6. The date of incorporation is:	
Rhode Island		02/11/1965	
Under penalty of perjury,	I declare that the information co	ontained herein is true and	l correct.
Name of Applicant Non-F	Profit Corporation		·
Gateway Healthcare, Inc			
Title of Authorized Person	า		Date
Secretary			8/74/2021
Signature of Authorized F	20000	<del></del>	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

SEP 0 3 2021

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

September 03, 2021 11:01 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

