



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Limited Liability Company
Fictitious Business Name Statement**

(Section 7-16-9 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The legal name of the applicant limited liability company is: West Shore Rehabilitation & Nursing LLC

SECTION II

The fictitious business name to be used is: Kadima Rehabilitation & Nursing at West Shore LLC

SECTION III

The state or territory under the laws of which it is organized is
State: RI Country: USA

SECTION IV

The date of organization is 10/29/2021

Signed this 1 Day of November, 2021 at 4:01:58 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

West Shore Rehabilitation & Nursing LLC
Name of Applicant Limited Liability Company

JONATHAN STRAUSS
Signature of Authorized Person

Form No. 624
Revised 09/07



State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

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:

November 01, 2021 04:00 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

