



**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

**Business Corporation**

**Fictitious Business Name Statement**

(Section 7-1.2-402 of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**

The legal name of the applicant business corporation is: Assisted Daily Living, Inc.

**SECTION II**

The fictitious business name to be used is: Elara Caring

**SECTION III**

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

**SECTION IV**

The date of incorporation is 04/07/1986

**SECTION V**

The address of its registered office within Rhode Island is:

No. and Street: 450 VETERANS MEMORIAL PARKWAY  
SUITE 7A

City or Town: EAST PROVIDENCE

State: RI Zip: 02914

Name: NATIONAL REGISTERED AGENTS, INC.

**SECTION VI**

The business in which it is engaged

TO ENGAGE IN THE BUSINESS OF DELIVERY OF HOME CARE SERVICES

**SECTION VII**

Applicant is otherwise authorized to do business in the state of Rhode Island.

**Signed this 18 Day of July, 2023 at 6:07:51 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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

Assisted Daily Living, Inc.

Name of Applicant Corporation

JOHN MCMAHON

Signature of Authorized Officer

Form No. 624  
Revised 09/07

© 2007 - 2023 State of Rhode Island  
All Rights Reserved