



**State of Rhode Island  
Department of State - Business Services Division**

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**Fictitious Business Name Statement**

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-402, the undersigned business corporation hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number: 1699893		2. The name of the Corporation is: naviHealth, Inc.	
3. The fictitious business name to be used is: Home & Community Care Transitions			
4. The corporation is organized under the laws of: DE		5. The date of incorporation is: 09/12/2019	
6. The address of its registered office within Rhode Island is:			
Street Address 450 Veterans Memorial Highway, Suite 7A			
City East Providence		State RHODE ISLAND	Zip 02914
7. The business in which it is engaged: Post-acute care management			
8. Applicant is otherwise authorized to do business in the state of Rhode Island.			
9. Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.			
Name of Authorized Officer of the Corporation Timothy J. Langdon			Date 10/19/2023
Signature of Authorized Officer of the Corporation 			

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).