



**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: ComfortCare Inc

**SECTION II**

The fictitious business name to be used is: SYNERGY HomeCare of Newport

**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 02/01/2023

**SECTION V**

The address of its registered office within Rhode Island is:

No. and Street: 20 SYLVIA LANE  
City or Town: LINCOLN State: RI Zip: 02865  
Name: AMOS ADELAIYE

**SECTION VI**

The business in which it is engaged  
HOME CARE AGENCY

**SECTION VII**

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

**Signed this 12 Day of January, 2024 at 3:38:19 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.*

ComfortCare Inc

Name of Applicant Corporation

IYABODE ALFRED

Signature of Authorized Officer

Form No. 624  
Revised 09/07

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