




REC'D 21005 ESD
 24 MAY 14 PM 2:35:28

Fictitious Business Name Statement
 DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-6-11 the undersigned non-profit 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: 001692404	2. The name of corporation: New York Blood Center, Inc.
3. The fictitious business name to be used is: NYBCe	
4. The corporation is organized under the laws of: New York	5. The date of incorporation is: 04/13/1959
<i>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.</i>	
Name of Applicant Non-Profit Corporation New York Blood Center, Inc.	
Title of Authorized Person Jordana G. Schwartz, Esq., Senior Vice President, General Counsel and Secretary	Date 05/06/2024
Signature of Authorized Person  Jordana Schwartz (May 6, 2024 14:09 EDT)	

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.