State of Rhode Island Fee: \$20.0 Office of the Secretary of State Fee: \$20.0
Division Of Business Services 148 W. River Street
Providence RI 02904-2615
1636 (401) 222-3040
Domestic Non-Profit Corporation
Fictitious Business Name Statement (Section 7-6-11 of the General Laws of Rhode Island, 1956, as amended)
SECTION I
The name of the non-profit corporation is: <u>LIFESPAN PHYSICIAN GROUP, INC.</u>
SECTION II
SECTION II
The fictitious business name to be used is: <u>Brown Health Medical Group</u>
SECTION III
The state or other jurisdiction under the lowe of which it is incorporated in
The state or other jurisdiction under the laws of which it is incorporated is State: <u>RI</u> Country: <u>USA</u>
SECTION IV
The date of incorporation is <u>01/22/1981</u>
Signed this 19 Day of August, 2024 at 11:06:52 AM. 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 ac 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 § 7-6.
LIFESPAN PHYSICIAN GROUP, INC.
Name of Applicant Non-Profit Corporation
DR. GILDASIO DEOLIVEIRA
Signature of Authorized Person
Form No. 626
Revised 09/07

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