

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

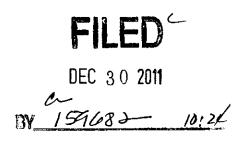
Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

## APPLICATION FOR RESERVATION OF ENTITY NAME

The undersigned applicant hereby applies for reservation of the following entity name for a non-renewable period of one hundred twenty (120) days from the date of this filing (other than as provided under Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended).

		1 DEC
	Hope Hospice, Inc.	S S
	(Name to be Reserved)	
The name is being reserved for the following type of entity pursuant to the applicable statutory provision:		
(Check One Only)		N
	<u>Business Corporation</u> (including professional and foreign corporations) pursuant to Section 7-1.2-403 of the General Laws of Rhode Island, 1956, as amended.	<u>Filing Fee</u> ( <u>\$50.00</u> )
	Limited Partnership (including foreign limited partnerships) pursuant to Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended.	( <u>\$50.00</u> )
	<u>Limited Liability Company</u> (including foreign limited liability companies) pursuant to Section 7-16-10 of the General Laws of Rhode Island, 1956, as amended.	( <u>\$50.00</u> )
$\checkmark$	<u>Non-Profit Corporation</u> (including foreign non-profit corporations) pursuant to Section 7-6-11.1 of the General Laws of Rhode Island, 1956, as amended.	( <u>\$20.00</u> )

The name reservation will be recorded exclusively in the name of the applicant. The right to the exclusive use of a specified entity name so reserved may be transferred to any other person by filing in the office of the Secretary of State a notice of the transfer, executed by the applicant for whom the name was reserved, specifying the name and address of the transferee, and paying the appropriate fee.



Date: December 28, 2011

Name and Address of Applicant:

Jeffrey F. Chase-Lubitz, Esq.

Donoghue, Barrett &	Singal, P.C.,	10 Weybosset Street	
Providence, RI 0290	3		

Under penalty of perjury, I declare and affirm that the information contained herein is true and correct.

Submitted by	
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(Signature)	
(Address, if different from above)	_

State of Rhode Island and Providence Plantations



A. Ralph Mollis Secretary of State

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## I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws

of Rhode Island, as amended, has been filed in this office on this day:

A. ' apr loceio

A. RALPH MOLLIS Secretary of State

