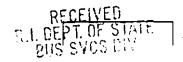
RI SOS Filing Number: 202341942780 Date: 9/28/2023 9:40:00 AM





2023 SEP 28 A 9 40

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 huginess name:	

ilculious business name.				
1, Entity ID Number:	2. The name of corporation:			
000027061	Fellowship Health Resources, Inc.			
3. The fictitious business n	ame to be used is:			
Elwyn Adult E	Behavioral Healt	h Services		
4. The corporation is organized under the laws of:		5. The date of incorporation	5. The date of incorporation is:	
Rhode Island 05/26/1977				
Under penelty of perjury, I of information contained here.		examined this Fictitious Busines	ss Name Statement and that the	
Name of Applicant Non-Pro	fit Corporation			
Fellowship He	alth Resources,	, Inc.		
Title of Authorized Person			Date	
President/CEC			9.22.2023	
Signature of Authorized Per	rson A	·		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
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:

September 28, 2023 09:40 AM

Gregg M. Amore Secretary of State

Treg M. Coure

