

FILING RECEIPT

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ENTITY NAME : LONG ISLAND CARES, INC.

DOCUMENT TYPE : ASSUMED NAME CERTIFICATE

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FILER:

FILED: 01/13/2009

CASH#: 210612

FILM#: 20090113020

LONG ISLAND CARES, INC.
10 DAVIDS DRIVE

HAUPPAUGE NY 11788

PRINCIPAL LOCATION

10 DAVIDS DRIVE

HAUPPAUGE
NY 11788

COMMENT:

ASSUMED NAME

THE HARRY CHAPIN FOOD BANK

=====

SERVICE COMPANY : +++ NO SERVICE COMPANY +++

CODE:
BOX :

FEES 85.00

PAYMENTS: 85.00

FILING : 25.00

CASH :

COUNTY : 50.00

CHECK : 85.00

COPIES : 10.00

C CARD :

MISC : .00

HANDLE : .00

REFUND :

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

WITNESS my hand and official seal of the
Department of State, at the City of Albany, on
January 16, 2009.



Paul LaPointe

Paul LaPointe
Special Deputy Secretary of State

Certificate of Assumed Name

Pursuant to General Business Law, §130

1. NAME OF ENTITY

Long Island Cares, Inc.

1a. FOREIGN ENTITIES ONLY. If applicable, the fictitious name the entity agreed to use in New York State is:

2. NEW YORK LAW FORMED OR AUTHORIZED UNDER (CHECK ONE):

- Business Corporation Law
- Limited Liability Company Law
- Education Law
- Not-for-Profit Corporation Law
- Insurance Law
- Revised Limited Partnership Act

Other (specify law):

3. ASSUMED NAME

The Harry Chapin Food Bank

4. PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST BE NUMBER AND STREET. IF NONE, INSERT OUT-OF-STATE ADDRESS)

10 Davids Drive
Hauppauge, NY 11788

5. COUNTIES IN WHICH BUSINESS WILL BE CONDUCTED UNDER ASSUMED NAME

ALL COUNTIES (if not, circle county[ies] below)

Albany	Clinton	Genesee	Monroe	Orleans	Saratoga	Tompkins
Allegany	Columbia	Greene	Montgomery	Oswego	Schenectady	Ulster
Bronx	Cortland	Hamilton	<u>Nassau</u>	Otsego	Schoharie	Warren
Broome	Delaware	Herkimer	New York	Putnam	Schuyler	Washington
Cattaraugus	Dutchess	Jefferson	Niagara	Queens	Seneca	Wayne
Cayuga	Erie	Kings	Oneida	Rensselaer	Steuben	Westchester
Chautauqua	Essex	Lewis	Onondaga	Richmond	<u>Suffolk</u>	Wyoming
Chemung	Franklin	Livingston	Ontario	Rockland	Sullivan	Yates
Chenango	Fulton	Madison	Orange	St. Lawrence	Tioga	

6. INSERT THE ADDRESS OF EACH LOCATION WHERE BUSINESS WILL BE CARRIED ON OR TRANSACTED UNDER THE ASSUMED NAME.

Use a continuous sheet, if needed. (The address must be set forth in terms of a number and street, city, state and zip code. Please note that the address(es) reflected in paragraph 6 must be within the county(ies) circled in paragraph 5. If the entity does not have a specific location where it will conduct business under the assumed name please check the statement below.)

10 Davids Drive
Hauppauge, NY 11788

No New York State Business Location

200901130 80

INSTRUCTIONS FOR SIGNATURE: If corporation, by an officer; if limited partnership, by a general partner; if limited liability company, by a member or manager or by an authorized person or attorney-in-fact for such corporation, limited partnership, or limited liability company. If the certificate is signed by an attorney-in-fact, include the name and title of the person for whom the attorney-in-fact is acting. (Example, John Smith, attorney-in-fact for Robert Johnson, president.)

Paule T. Pachter
Name of Signer

Paule T. Pachter
Signature

Executive Director
Title of Signer

CERTIFICATE OF ASSUMED NAME
OF

The Harry Chapin Food Bank

(Insert Entity Name)

Pursuant to §130, General Business Law

2009 JAN 13 AM 11:00

FILED

FILER'S NAME AND MAILING ADDRESS

Long Island Cares, Inc.
10 Davids Drive
Hauppauge, NY 11788

AG18691-7

NOTE: This form was prepared by the New York State Department of State. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that all documents be prepared under the guidance of an attorney. The certificate must be submitted with a \$25 fee. The Department of State also collects the following, additional, county clerk fees for each county in which a corporation does or transacts business: \$100 for each county within New York City (Bronx, Kings, New York, Queens and Richmond) and \$25 for each county outside New York City. All checks over \$500 must be certified.

(For office use only)

RECEIVED
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2009 JAN 13 AM 10:01

STATE OF NEW YORK
DEPARTMENT OF STATE
FILED JAN 13 2009
BY SB



STATE OF NEW YORK
BANKING DEPARTMENT
ONE STATE STREET
NEW YORK, NY 10004-1417

December 17, 2008

Bruce Gaugler, Controller
Long Island Cares, Inc.
The Harry Chapin Food Bank
10 Davids Drive
Hauppauge, NY 11788-2039

Re: **THE HARRY CHAPIN FOOD BANK**, the assumed
name of Long Island Cares, Inc.

Dear Mr. Gaugler:

Enclosed is the approval granted to the referenced entity to use the word or a derivative of the word "**bank**" in its name. Approval is granted pursuant to New York General Business Law Section 130(2)(c) as amended.

THE APPROVAL GRANTED HEREIN DOES NOT CONSTITUTE A LICENSE TO ENGAGE IN ANY PARTICULAR ACTIVITY OR INDICATE A DETERMINATION THAT NO SUCH LICENSE IS NECESSARY. IT DOES NOT ITSELF OPERATE TO RESERVE THE NAME WITH THE SECRETARY OF STATE.

Very truly yours,

A handwritten signature in cursive script that reads "Cheryl Lewis".

Cheryl Lewis
Legal Division

Enc.

State of New York
Banking Department

I, Rosanne Notaro, Deputy Counsel of the State of New York Banking Department, hereby approve, pursuant to the New York General Business Law Section 130(2)(c), the use of the word or a derivative of the word "bank" in the name of **THE HARRY CHAPIN FOOD BANK**, the assumed name of Long Island Cares, Inc.

THE APPROVAL GRANTED HEREIN DOES NOT CONSTITUTE A LICENSE TO ENGAGE IN ANY PARTICULAR ACTIVITY OR INDICATE A DETERMINATION THAT NO SUCH LICENSE IS NECESSARY. IT DOES NOT ITSELF OPERATE TO RESERVE THE NAME WITH THE SECRETARY OF STATE.

*Witness, my hand and official seal of the Banking Department at the City of New York,
this 17th day of December in the Year two thousand eight.*


Deputy Counsel