Filing Fee: \$50.00			ID Number:	
		ISLAND AND PROVIDENCE PLAN Office of the Secretary of State Corporations Division 148 W. River Street vidence, Rhode Island 02904-2615	TATIONS 2015 JUL - 7 2015 JUL - 7	
	FICTITIOL	JS BUSINESS NAME STATEMENT	PH OF	
Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby Submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:				
1.		corporation, limited liability company or limite	ed partnership is:	
2.	The fictitious business name to be used is			
3.	The state or territory under the laws of which it is incorporated, organized or formed is			
4.	The date of incorporation, organization or	formation is7/_7/15		
5.	If a business corporation, the address of its registered office within Rhode Island is 155060914. N. Providence, R.T. 02904			
6.	If a business corporation, the business in w <u>therapy</u>	which it is engaged <u>Sensory</u>	DePrivation	

7. Applicant is otherwise authorized to do business in the state of Rhode Island.

By .

Date: 1/7/15

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

0atence

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By_ Signature of Authorized Officer of the Corporation ignature of Authorized Person for the Limited Liability Company By <u>or</u>



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, 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:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

