

Filing Fee: \$50.00

ID Number: 166/990



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

2016 SEP 14 AM 10:53
SECRETARY OF STATE
CORPORATIONS DIVISION

FICTITIOUS BUSINESS NAME STATEMENT

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. The legal name of the applicant business corporation, limited liability company or limited partnership is: Renew Physical Therapy & Wellness Studio LLC
2. The fictitious business name to be used is Renew Physical Therapy & Wellness Studio
3. The state or territory under the laws of which it is incorporated, organized or formed is RI
4. The date of incorporation, organization or formation is 04/04/2016
5. If a business corporation, the address of its registered office within Rhode Island is 1630 Mineral Spring Ave. Suite 6, RI-02904
6. If a business corporation, the business in which it is engaged physical therapy services
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

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

Date: 09/09/16

Renew Physical Therapy & Wellness Studio LLC
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By _____
Signature of Authorized Officer of the Corporation

By [Signature]
Signature of Authorized Person for the Limited Liability Company

BY [Signature] BY _____
Signature of Authorized Person for the Limited Partnership

10:53 **FILED**
SEP 14 2016



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:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

