

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