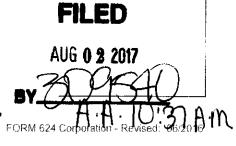
| State of Rhode Island and Providence Plantations Department of State - Business Services | Division | R.I. DEF |
|---|------------------------------------|-------------------------|
| Fictitious Business Name Statement | | N SCO |
| DOMESTIC or FOREIGN Business Corporation | | |
| → Filing Fee: \$50.00 | | AM 10: |
| Pursuant to the provisions of RIGL <u>7-1.2-402</u> , the undersigned business corporation hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name: | | |
| 1. Entity ID Number 2. Exact Name of the Corporat | ion | |
| 503075 Hoffmann Chiropractic Inc. | | |
| 3. List the fictitious business name to be used: | | |
| Hoffmann Sport & Spine Therapy | | |
| 4. List the state or country the entity is incorporated: | 5. List the date of incorporation: | |
| Rhode Island | 01/05/2010 | |
| 6. List the address of its registered office within Rhode Island | | |
| Street Addres: 5 FURT HILL ROAD | | |
| city Paristol | State RHODE ISLAND | ^{Zip} 02809 |
| 7. List the business in which it is engaged: | | |
| Chiropractic | | |
| 8. Applicant is otherwise authorized to do business in the state | e of Rhode Island. | |
| Under penalty of perjury, I declare and affirm that I have e the information contained herein is true and correct. | examined this Fictitious Busin | ess Name State and that |
| Name of Authorized Officer of the Corporation | | Date |
| Aaron M Hoffmann | | 07/24/2017 |
| Signature of Authorized Officer of the Corporation | MINT HERE | |
| MAIL TO: | | |

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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:

August 02, 2017 10:37 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

