



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2017 AUG - 2 AM 10:37

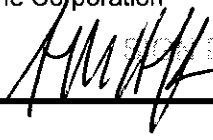
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R.I. DEPT OF STATE
BUS SVCS DIV

Fictitious Business Name Statement

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-402, 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 503675		2. Exact Name of the Corporation 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: Rhode Island		5. List the date of incorporation: 01/05/2010	
6. List the address of its registered office within Rhode Island: Street Address: 5 FORT HILL ROAD			
City Bristol		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 of Rhode Island.			
<i>Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name State and that the information contained herein is true and correct.</i>			
Name of Authorized Officer of the Corporation Aaron M Hoffmann			Date 07/24/2017
Signature of Authorized Officer of the Corporation  FOR DOCUMENT 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

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BY 

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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.

FORM 624 Corporation - Revised: 06/2016