RI SOS Filing Number: 201749767050 Date: 9/15/2017 12:21:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Fictitious Business Name Statement

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

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:

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fictitious business name:				•		
1. Entity ID Number	2. Exact Name of the Corporation					
000125911	Dr. Stephen M. Estner, Professional Corporation					
3. List the fictitious business i	name to be used:					
Injury Centers of Massachusetts						
4. List the state or country the entity is incorporated:		5. List the date of i	5. List the date of incorporation:			
Rhode Island		7/15/2002	7/15/2002			
6. List the address of its registered office within Rhode Island:						
Street Address 888 Reservoir Avenue						
City Cranston		State RHODE ISLA	\ND	Zıp 02910		
7. List the business in which it is engaged:						
THE PROVISION OF PROFESSIONAL CHIROPRACTIC SERVICES						
8. Applicant is otherwise authorized to do business in the state of Rhode Island.						
Under penalty of perjury, I on the information contained I		ave examined this Ficti	tious Busii	ness Name State and that		
Name of Authorized Officer of						
Stephen M. Estner DC. President				P/13/17		
Signature of Authorized Officer of the Corporation SIGN 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 **FILED**

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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:

September 15, 2017 12:21 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

