

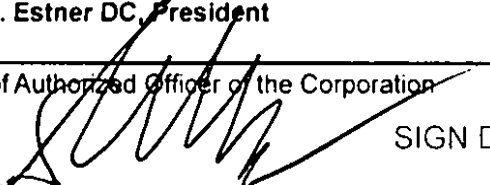


RECEIVED STATE
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2017 SEP 15 PM 12:21

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 000125911	2. Exact Name of the Corporation Dr. Stephen M. Estner, Professional Corporation	
3. List the fictitious business name to be used: Injury Centers of Massachusetts		
4. List the state or country the entity is incorporated: Rhode Island	5. List the date of incorporation: 7/15/2002	
6. List the address of its registered office within Rhode Island: Street Address 888 Reservoir Avenue		
City Cranston	State RHODE ISLAND	Zip 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.		
<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 Stephen M. Estner DC, President	Date 9/13/17	
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

SEP 15 2017

BY 312556
 A.A. 12:21pm

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.