



State of Rhode Island and Providence Plantations

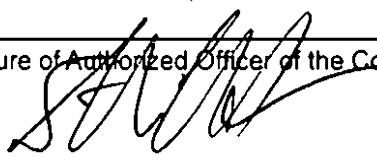
## Department of State - Business Services Division

 RECEIVED  
 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 <b>000125911</b>	2. Exact Name of the Corporation <b>Dr. Stephen M. Estner, Professional Corporation</b>	
3. List the fictitious business name to be used: <b>Injury Centers of New England</b>		
4. List the state or country the entity is incorporated: <b>Rhode Island</b>	5. List the date of incorporation: <b>7/15/2002</b>	
6. List the address of its registered office within Rhode Island: Street Address <b>888 Reservoir Avenue</b>		
City <b>Cranston</b>	State <b>RHODE ISLAND</b>	Zip <b>02910</b>
7. List the business in which it is engaged: <b>THE PROVISION OF PROFESSIONAL CHIROPRACTIC SERVICES</b>		
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 <b>Stephen M. Estner DC, President</b>		Date <b>9/13/17</b>
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.



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:

September 15, 2017 12:21 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

