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 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.