



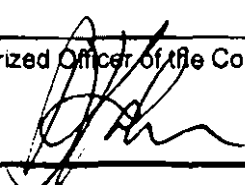
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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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	2. Exact Name of the Corporation David Kahn MD, Inc.		
3. The fictitious business name to be used is. Benefit Street Psychiatry			
4. The corporation is organized under the laws of Rhode Island		5. The date of incorporation is: 4/23/18	
6. The address of its registered office within Rhode Island is: Street Address 182 Butler Avenue			
City Providence		State RHODE ISLAND	Zip 02903
7. The business in which it is engaged: Practice of psychiatry			
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 Statement and that the information contained herein is true and correct.</i>			
Name of Authorized Officer of the Corporation David A. Kahn, M.D.			Date 3/27/18
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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BY: CM 329235

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.