



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Fictitious Business Name Statement**

(Section 7-1.2-402 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The legal name of the applicant business corporation is: Alternative Integrative Medicine, Inc.

SECTION II

The fictitious business name to be used is: A.I.M. Health

SECTION III

The state or territory under the laws of which it is incorporated is
State: RI Country: USA

SECTION IV

The date of incorporation is 11/04/2019

SECTION V

The address of its registered office within Rhode Island is:

No. and Street: 222 JEFFERSON BOULEVARD, UNIT 4

City or Town: WARWICK

State: RI Zip: 02888

Name: JASON IRVING SIMMONS

SECTION VI

The business in which it is engaged

ALTERNATIVE INTEGRATIVE MEDICINE, INC. IS WORKING TOWARDS BECOMING A LEADER IN SOUTHERN NEW ENGLAND IN TERMS OF ALTERNATIVE MEDICINE. THE FOCUS IS HELPING PATIENTS BECOME HEALTHIER, HAPPIER, AND PAIN FREE. THIS IS ACCOMPLISHED BY EMPLOYING LICENSED MEDICAL PROFESSIONALS WHO ARE EXPERTS TO PROVIDE THE HIGHEST QUALITY OF NATURAL AND EFFECTIVE INTEGRATIVE MEDICINE. THE GOAL IS TO TREAT/SERVE CHRONIC PAINS: STRESS, ANXIETY, AND IN ADDITION TO OTHER NUMEROUS HEALTH CONDITIONS AND ILLNESSES. WITH GOOD FAITH, ALTERNATIVE INTEGRATIVE MEDICINE, INC. AIMS AT ACHIEVING THIS GOAL BY ELIMINATING PAIN AND IMPROVING A PATIENT'S HEALTH AND WELLBEING. THROUGH A COMBINED UNDERSTANDING OF ORIENTAL AND WESTERN MEDICAL TECHNIQUES; OUR MEDICAL PROFESSIONALS TREAT THE ROOT CAUSES AND BRANCH SYMPTOMS OF ILLNESS, CHRONIC PAIN, ELIMINATING DISCOMFORT, AND GREATLY IMPROVING THE LIFESTYLES OF PATIENTS. EACH AND

EVERY PATIENT IS TREATED WITH THE UTMOST CARE, PROFESSIONALISM,
RESPECT, AND COMPASSION.

SECTION VII

Applicant is otherwise authorized to do business in the state of Rhode Island.

Signed this 13 Day of February, 2020 at 9:52:23 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

Alternative Integrative Medicine, Inc.

Name of Applicant Corporation

JASON IRVING SIMMONS

Signature of Authorized Officer

Form No. 624
Revised 09/07

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