State of Rhode Island
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. The name of the Corporation is:
000504886	McElaney Physical Therapy, Inc.

3. The fictitious business name to be used is:
McElaney Physical Therapy

4. The corporation is organized under the laws of:	5. The date of incorporation is:
RI	2/27/09

6. The address of its registered office within Rhode Island is:

Street Address: 667 Atwood Ave

City	State	Zip
Cranston	RHODE ISLAND	02920

7. The business in which it is engaged:
Physical Therapy

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

9. *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.*

Name of Authorized Officer of the Corporation	Date
Kathleen McElaney	5/9/25

Signature of Authorized Officer of the Corporation

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

STAMP
FILED
3:30
MAY 19 2025
BY TN62

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.