



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 137949		2. Exact name of the limited liability company SPINAL HEALTH & REHAB CENTER, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CHIROPRACTIC SERVICES	
5. Principal office address 20 Bosworth Street		City Barrington	State RI
		Zip 02806	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Dr. Joseph M. Casalino Contact Title Doctor			
Street Address 20 Bosworth Street		City Barrington	State RI
		Zip 02806	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF ANY. DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 R.I.G.L. 7-16-11			
Agent Name JOSEPH P. CA SALE, ESQ.		Address	
Address 438 EAST MAIN ROAD		City MIDDLETOWN	Zip 02842-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	FILED
Check No.	OCT 26 2007
By:	By J505
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person **Joseph M. Casalino, IV** Date **10/12/07**
Print or Type Name of Authorized Person **DC**