



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 149394		2. Name of Corporation CAETANO FAMILY CHIROPRACTIC, INC.			
3. Street Address Principal Business Office 100 SMITHFIELD AVENUE			City PAWTUCKET	State RI	Zip 02860
4. Business Phone No. 401-475-5956		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island CHIROPRACTIC SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROSE-MARIE CAETANO			Vice President Name LUIS DeANDRADE		
Street Address 100 SMITHFIELD AVENUE			Street Address 345 GRANGE PARK		
City PAWTUCKET	State RI	Zip 02860	City BRIDGEWATER	State MA	Zip 02324
Secretary Name ROSE-MARIE CAETANO			Treasurer Name ROSE-MARIE CAETANO		
Street Address 100 SMITHFIELD AVENUE			Street Address 100 SMITHFIELD AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ROSE-MARIE CAETANO			Director Name LUIS DeANDRADE		
Street Address 100 SMITHFIELD AVENUE			Street Address 345 GRANGE PARK		
City PAWTUCKET	State RI	Zip 02860	City BRIDGEWATER	State MA	Zip 02324
Director Name NOT APPLICABLE			Director Name NOT APPLICABLE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	\$0.01 PAR VALUE		100	COMMON	\$0.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED	
File Date	JAN 28 2008
Check No.	
By:	By DS 1379
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: Date: 1-21-08
ROSE-MARIE CAETANO
Print or Type Name
PRESIDENT
Title