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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.	2. Name of Corporation		
220324	GREGG-ALLEN MEDEIROS, DC, INC		
3. Street Address Principal Business Office	City	State	Zip
5840 POST ROAD	EA. GREENWICH	RI	02818
4. Business Phone No.	5. State of Incorporation		
401-886-9696	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
CHIROPRACTIC OFFICE

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
GREGG A. MEDEIROS, DC	GREGG A. MEDEIROS, DC
Street Address: 12 BRAYTON COURT	Street Address: 12 BRAYTON COURT
City: CUMBERLAND State: RI Zip: 02864	City: CUMBERLAND State: RI Zip: 02864
Secretary Name	**Treasurer Name**
GREGG A. MEDEIROS, DC	GREGG A. MEDEIROS, DC
Street Address: 12 BRAYTON COURT	Street Address: 12 BRAYTON COURT
City: CUMBERLAND State: RI Zip: 02864	City: CUMBERLAND State: RI Zip: 02864

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
GREGG A. MEDEIROS, DC	
Street Address: 12 BRAYTON COURT	Street Address:
City: CUMBERLAND State: RI Zip: 02864	City: State: Zip:
Director Name	**Director Name**
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000	NO PAR VALUE	

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	COMMON	NO PAR

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.

[redacted] **FILED** FEB 20 2008 12:18

By KMC

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File Date 2008 FEB 20 PM 12:18

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

19423-1-218984

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

[redacted]

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 2/13/2008
Date

GREGG A. MEDEIROS, DC
Print or Type Name

PRESIDENT
Title

Form 630 Rev. 12/06