RI SOS Filing Number: 200809739330 Date: 03/12/2008 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St.
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*

**** 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			
154118	Atlantic Chiropractic & Rehab, Inc.			
3. Street Address Principal Business Office: 303 Jefferson Boulevard		City: Warwick	State: Rhode Island	Zip: 02888
4. Business Phone No.: 490-2022	5. State of Incorporation: Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island: Chiropractor				

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

President Name: Dennis Lanni			Vice President Name: Terrence Aussant		
Street Address: 303 Jefferson Boulevard			Street Address: 303 Jefferson Boulevard		
City: Warwick	State: Rhode Island	Zip: 02888	City: Warwick	State: Rhode Island	Zip: 02888
Secretary Name: Terrence Aussant			Treasurer Name: Dennis Lanni		
Street Address: 303 Jefferson Boulevard			Street Address: 303 Jefferson Boulevard		
City: Warwick	State: Rhode Island	Zip: 02888	City: Warwick	State: Rhode Island	Zip: 02888

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

Director Name: Dennis Lanni			Director Name:		
Street Address: 303 Jefferson Boulevard			Street Address:		
City: Warwick	State: Rhode Island	Zip: 02888	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 $0.01 PAR VALUE			NONE		

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SECRETARY OF STATE
CORPORATIONS

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]

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.

[redacted] 2/15/08
Signature *Date*

Dennis Lanni
Print or Type Name

[redacted] President
Title

File Date FILED
Check No.
MAR 12 2008
By
By
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21525-1-244806

Form 630 Rev. 12/05