



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. 154118		2. Name of Corporation 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		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		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		City		State	
Zip 02888		City		State		Zip	
Director Name			Director Name				
Street Address			Street Address				
City		State		City		State	
Zip		City		State		Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐							
AUTHORIZED SHARES							
Number of Shares		Class/Series		Par Value			
1,000		\$0.01 PAR VALUE					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐							
ISSUED SHARES							
Number of Shares		Class/Series		Par Value			
NONE							

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.

File Date **FILED**
Check No. **MAR 12 2008**
By **3332**
By **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 **Dennis Lanni** Date **2/15/08**
Print or Type Name
President
Title