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

A. Ralph Mollis, Secretary of Sta
Corporations Divisi
148 W. River Str
Providence, RI 02904-26
401.222.30

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
151035	Jing Center for Oriental Medicine, Inc

3. Street Address Principal Business Office	City	State	Zip
10 Exchange Court	Pawtucket	RI	02860

4. Business Phone No.	5. State of Incorporation
401-435-3611	Rhode Island

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

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

President Name	Vice President Name
None	
Street Address	Street Address
City / State / Zip	City / State / Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City / State / Zip	City / State / Zip

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

Director Name	Director Name
Kelly Kruk	
Street Address	Street Address
10 Exchange Court	
City / State / Zip	City / State / Zip
Pawtucket / RI / 02860	
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 — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	Common	$.01	500	Common	$0.01
			THIS SECTION MUST BE COMPLETED		

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]

[redacted]

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

9-04-08
Signature *Date*

Kelly Kruk
Print or Type Name

[redacted] Director
Title

Form 630 Rev. 12/06

File Date	FILED
Check No.	
By	SEP 11 2008
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