

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 2009 Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

1. Corporate ID No. 68366	2. Name of Cor Dr. Robert	2. Name of Corporation Dr. Robert A. L'Europa				
3. Street Address Principal Business Office 1528 Cranston Street			^{Сиу} Cranston	State RI	^{Zip} 02920	
4. Business Phone No. 401-942-1633 5. State of Incorporation Rhode Island						
For the practice of c	Character of Business Condu hiropractic medicine,	physical therapy	CHARACT PILITAL C	MACES BEFORE VERVE	ANNIA CANADANIA	
7. NAMES AND ADD President Name	RESSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	: Vice President Name	PACES BEFORE USING	ATTACHMENTS	
Robert A. L'Europa, D.C.			Robert A. L'Europa, D.C.			
Street Address 1528 Cranston Street			Street Address 1528 Cranston Street			
^{Cuy} Cranston	State RI	^{Zip} 02920	City Cranston	State RI	^{Ζφ} 02920	
Secretary Name Robert A. L'Europa D.C.			Treasurer Name Robert A. L'Europa, D.C.			
Street Address 1528 Cranston Street			Street Address 1528 Cranston Street			
^{City} Cranston	State RI	^{Zip} 02920	City Cranston	State RI	^{Ζψ} 02920	
8. NAMES AND ADD: Director Name Robert A. L'Europa		ECTORS: ("X" BOX FOR ATT	TACHMENT) FILL IN Director Name	SPACES BEFORE USIN	G ATTACHMENTS	
Street Address 1528 Cranston Street			Street Address			
City	State	Zip	City	State	Zip	
Cranston	RI	02920				
Director Name			Director Name			
Street Address			Street Address			
Сиу	State	Zip	City	State	Zip	
9. SHARES AUTHORI	IZED		10. SHARES ISSUED ISSUED SHARES — THIS SEC	("X" BOX FOR ATTAC TION <u>MILST</u> BE COMPLETED		
This information is c	urrently of record in t	he Office of the Secretary of	Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	None	
		he corporation by an authorize the corporation by the receiver		orporation is in the hand	s of a receiver or trustee	
•		,				

File Date FILED					
Check No JAN 2 9 2009					
By: By 9915					
FOR SECRETARY OF STATE USE ONLY					

Older penalty of perjury, I declare and affirm	• •
including any accompanying schedules and s	tatements, and that all statements
contained herein are true and correct.	
	1/13/09
Signature	Defie
Robert A. L'Europa, D.C.	
Print or Type Name	
President	
Title	
	Form 630 Rev. 08/08