



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

Corporations Division
148 W. River St.
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*

* 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. 19547		2. Name of Corporation RHODE ISLAND CHIROPRACTIC PAIN CONTROL CLINIC, INC.			
3. Street Address Principal Business Office 1524 ATWOOD AVENUE, SUITE 210A			City JOHNSTON	State RI	Zip 02919
4. Business Phone No. 401-274-9355		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island CHIROPRACTIC PHYSICIAN SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSEPH LANCELLOTTI			Vice President Name WILLIAM LANCELLOTTI, JR.		
Street Address 1524 ATWOOD AVENUE, SUITE 210A			Street Address 1524 ATWOOD AVENUE, SUITE 210A		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name MICHELE LANCELLOTTI			Treasurer Name MICHELE LANCELLOTTI		
Street Address 1524 ATWOOD AVENUE, SUITE 210A			Street Address 1524 ATWOOD AVENUE, SUITE 210A		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOSEPH LANCELLOTTI			Director Name WILLIAM LANCELLOTTI, JR.		
Street Address 1524 ATWOOD AVENUE, SUITE 210A			Street Address 1524 ATWOOD AVENUE, SUITE 210A		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Director Name MICHELE LANCELLOTTI			Director Name		
Street Address 1524 ATWOOD AVENUE, SUITE 210A			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares			ISSUED SHARES		
Class/Series			Class/Series		
Par Value			Par Value		
			300 SHARES		
			COMMON		
			NO PAR VALUE		

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.

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: Joseph Lancelotti Date: 2/15/09
JOSEPH LANCELLOTTI
Print or Type Name
PRESIDENT
Title

FILED	
File Date	<u>FEB 25 2009</u>
Check No.	<u>5949</u>
By:	<u>By</u>
FOR SECRETARY OF STATE USE ONLY	