



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

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 2010.

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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>573202</u>		2. Name of Corporation <u>CIRESI CHIROPRACTIC</u>	
3. Street Address Principal Business Office <u>3285 SOUTH COUNTY TRAIL</u>		City <u>EAST GREENWICH</u>	State <u>RI</u>
		Zip <u>02818</u>	
4. Business Phone No. <u>401 398 2468</u>		5. State of Incorporation <u>RHODE ISLAND</u>	
6. Brief Description of the Character of Business Conducted in Rhode Island <u>CHIROPRACTIC HEALTH CLINIC</u>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>ANGELA CIRESI</u>		Vice President Name <u>CHRISTOPHER CALRI</u>	
Street Address <u>80 PARTRIDGE RUN</u>		Street Address <u>80 PARTRIDGE RUN</u>	
City <u>EAST GREENWICH</u>	State <u>RI</u>	City <u>EAST GREENWICH</u>	State <u>RI</u>
Zip <u>02818</u>		Zip <u>02818</u>	
Secretary Name <u>ANGELA CIRESI</u>		Treasurer Name <u>CHRISTOPHER CALRI</u>	
Street Address <u>same</u>		Street Address <u>same</u>	
City	State	City	State
Zip		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <u>ANGELA CIRESI</u>		Director Name <u>CHRISTOPHER CALRI</u>	
Street Address <u>same</u>		Street Address <u>same</u>	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares <u>100</u>	Class/Series <u>COMMON</u>
		Par Value <u>NO PAR-VALUE</u>	

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. FEB 26 2010

By: 10/15

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.

Angela R. Ciresi DC 02/05/2010
Signature Date
ANGELA R. CIRESI
Print or Type Name
PRESIDENT.
Title