



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&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 103661		2. Name of Corporation Providence Chiropractic Clinic, Inc.			
3. Street Address Principal Business Office 1637 Mineral Spring Avenue, Suite 405			City North Providence	State Rhode Island	Zip 02904
4. Business Phone No. (401) 354-5120		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To carry on any and all business that a chiropractor, licensed to practice in the State of Rhode Island might be involved in, including but not limited to the care and treatment of human patients.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael A. Lancellotti		Vice President Name Michael A. Lancellotti			
Street Address 1637 Mineral Spring Avenue, Suite 405		Street Address same as above			
City North Providence	State Rhode Island	Zip 02904	City	State	Zip
Secretary Name Michael A. Lancellotti		Treasurer Name Michael A. Lancellotti			
Street Address same as above		Street Address same as above			
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	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 100	Class/Series common	Par Value 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.

File Date 3-10-2010  
Check No. 4139  
By: MML  
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.

Michael A. Lancellotti 1/25  
Signature Date  
Michael A. Lancellotti  
Print or Type Name  
President  
Title