

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. 2. Name of Corporation

265874	Crellin Physical	i i nerapy Services, ir	IC.			
3. Street Address Principal Business Office 328 Cowesett Avenue			West Warwick	State RI	^{Zip} 02893	
4. Business Phone No. 401-821-6091		5. State of Incorporation Rhode Island				
6. Brief Description of the Character To provide, perform and re	nder professional ch	niropractic services to th				
7. NAMES AND ADDRESSES	S OF THE OFFICERS	S: ("X" BOX FOR ATTA	CHMENT) FILL IN S	PACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Andrew T. Crellin			None			
Street Address 328 Cowesett Avenue			Street Address			
West Warwick	State RI	^{Zip} 02893	City	State	Zip	
Secretary Name Andrew T. Crellin			Treasurer Name Andrew T. Crellin			
Street Address 328 Cowesett Avenue			Street Address 328 Cowesett Avenue			
<i>City</i> West Warwick	State RI	^{Zip} 02893	City West Warwick	State RI	^{Zip} 02893	
8. NAMES AND ADDRESSES	S OF THE DIRECTO	RS: ("X" BOX FOR ATT	<i>TACHMENT)</i> [] FILL IN	SPACES BEFORE USIN	IG ATTACHMENTS	
Director Name None			Director Name			
Street Address			Street Address			
Сиу	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
Спу	State	ZΨ	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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.			Number of Shares	Class/Series	Par Value	
			1,000	common	0,/01	
This papert must be appointed	Lon babalf of the ac-	rnoration by an authoriza	d representative. If the or	arporation is in the hand	ls of a receiver or trustee	

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.

FII ED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date APR 13 2010	contained herein are true and correct. Million May 3/ Elefto Signature Date
Check No. BY 10.34 9 1000	Print or Type Name CREMIN & CREM
FOR SECRETARY OF STATE USE ONLY	Title