



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

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

*Filing Period: January 1 - March 1*

*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.*

**ANNUAL REPORT YEAR:** 2011

**1. Corporate ID No.** 000140061

**2. Name of Corporation** Connecticut Chiropractic Network, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 909 NEWFIELD STREET

City or Town: MIDDLETOWN

State: CT

Zip: 06457

Country: USA

**4. Business Phone No.**

860-632-8886

**5. State of Incorporation**

State: CT

**6. Brief Description of the Character of Business Conducted in Rhode Island**

TO ENGAGE IN CONTRACTUAL RELATIONSHIPS WITH HEALTH MAINTENANCE ORGANIZATIONS AND OTHER HEALTH CARE THIRD-PARTY PAYORS TO PROVIDE ACCESS FOR SUBSCRIBERS TO CHIROPRACTORS WHO ARE MEMBERS OF THIS INDEPENDENT PRACTICE ASSOCIATION.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
VICE PRESIDENT	DAVID B DZIURA	650 MAIN ST BRANFORD, CT 06405 USA
PRESIDENT	LEWIS R LABBADIA	909 NEWFIELD STREET MIDDLETOWN, CT 06457- USA
DIRECTOR	PETRA I MURSCH	56A RAINBOW ROAD EAST GRANBY, CT 06026 USA
DIRECTOR	GUY CARBONE	82-86 WOLCOTT HILL RD WETHERSFIELD, CT 06109 USA
DIRECTOR	ROBERT W STOKER	375 OAKLAND ST MANCHESTER, CT 06040 USA

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.00	18,000.00	2900
PNP		\$0.00	2,000.00	0

**9. 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.**

**Signed this 10 Day of February, 2011 at 1:17:04 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By LEWIS R LABBADIA  
Signature of Authorized Representative of the Corporation

PRESIDENT  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07