



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

Fee: \$20.00

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

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000072735

2. Name of Corporation Chiropractic Society of Rhode Island

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 1107
City or Town: SLATERSVILLE State: RI Zip: 02896 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROFESSIONAL SOCIETY OF CHIROPRACTIVE PHYSICIANS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	GARY POST	24 SALT POND ROAD, SUITE C5 WAKEFIELD, RI 02835 USA
TREASURER	MICHAEL GOTTFRIED	1272 WEST MAIN ROAD MIDDLETOWN, RI 02842 USA
SECRETARY	MATTHEW STONE	712 PUTNAM PIKE #4 CHECPACHET, RI 02814 USA
VICE PRESIDENT	CLIVE BRIDGHAM	160 PLEASANT STREET RUMFORD, RI 02916 USA
DIRECTOR	SUSAN DONAHUE	2345 MENDON ROAD CUMBERLAND, RI 02895 USA
DIRECTOR	DAVID J BRUNO	1822 MINERAL SPRING AVENUE NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	CLIVE BRIDGHAM	160 PLEASANT STREET RUMFORD, RI 02916 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MICHAEL A. OREFICE 1445 WAMPANOAG TRAIL, SUITE 117 EAST PROVIDENCE , RI 02915

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

Signed this 28 Day of June, 2011 at 3:14:35 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 § 7-6.*

By MICHAEL GOTTFRIED
Signature of Officer of the Corporation

☐ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or

☒ Treasurer or ☐ Receiver or ☐ Trustee (check one)

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. 631
Revised 09/07