STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
145968	**Susan M. Donahue, D.C., Ltd.**

3. Principal office address	City	State	Zip
2345 Mendon Road	**Woonsocket**	**RI**	**02895**

4. Business Phone No.	5. State of Incorporation
(401)762-1477	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
Chiropractic & Wellness Services

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Susan M. Donahue, D.C.			**Susan M. Donahue, D.C.**		
Street Address **PO BOX 22063**			Street Address **PO BOX 22063**		
City **Lincoln**	State **RI**	Zip **02865**	City **Lincoln**	State **RI**	Zip **02865**
Secretary Name **Susan M. Donahue, D.C.**			Treasurer Name **Susan M. Donahue, D.C.**		
Street Address **PO BOX 22063**			Street Address **PO BOX 22063**		
City **Lincoln**	State **RI**	Zip **02865**	City **Lincoln**	State **RI**	Zip **02865**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Susan M. Donahue, D.C.					
Street Address **PO BOX 22063**			Street Address		
City **Lincoln**	State **RI**	Zip **02865**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	100	Common	NO PAR

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.

FILED
MAR 07 2012
BY

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY 29165663

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.

Susan M Donahue DC Pres 2/27/12
Signature of Authorized Representative Date

Susan M. Donahue, D.C., President
Print or Type Name of Authorized Representative