



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • Filing Fee: \$50.00*

* 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. 19547		2. Name of Corporation RHODE ISLAND CHIROPRACTIC PAIN CONTROL CLINIC, INC.			
3. Street Address Principal Business Office 1524 ATWOOD AVENUE, SUITE 210A		City JOHNSTON		State RI	Zip 02919
4. Business Phone No. 401-274-9355		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island CHIROPRACTIC PHYSICIAN SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSEPH LANCELLOTTI			Vice President Name MICHELE LANCELLOTTI		
Street Address 1524 ATWOOD AVENUE, SUITE 210A			Street Address 1524 ATWOOD AVENUE, SUITE 210A		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name JOSEPH LANCELLOTTI			Treasurer Name MICHELE LANCELLOTTI		
Street Address 1524 ATWOOD AVENUE, SUITE 210A			Street Address 1524 ATWOOD AVENUE, SUITE 210A		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOSEPH LANCELLOTTI			Director Name		
Street Address 1524 ATWOOD AVENUE, SUITE 210A			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Director Name MICHELE LANCELLOTTI			Director Name		
Street Address 1524 ATWOOD AVENUE, SUITE 210A			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
			ISSUED SHARES		
		Number of Shares	Class/Series	Par Value	
		100 SHARES	COMMON	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 _____
Check No. _____
By: _____
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.

✓ Joseph Lancelotti 3/15/12
Signature Date

JOSEPH LANCELLOTTI

Print or Type Name

PRESIDENT

Title

FILE

MAR 26 2012
By 167109
DS