



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 2013

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. 116048		2. Exact name of the Corporation Apponaug Chiropractic Center, Incorporated		
3. Principal office address 2525 Post Road		City Warwick	State RI	Zip 02886
4. Business Phone No. 401-738-9611		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Chiropractic Wellness/Health Clinic				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Christopher Caliri		Vice-President Name Angela Ciresi Caliri		
Street Address 80 Partridge Run		Street Address 80 Partridge Run		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI
Secretary Name Christopher Caliri		Treasurer Name Angela Ciresi Caliri		
Street Address Same		Street Address Same		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Christopher Caliri		Director Name Angela Ciresi Caliri		
Street Address Same		Street Address Same		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
		100	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 _____

FILED

Check No _____

By: _____

JAN 23 2013

FOR SECRETARY OF STATE USE ONLY

BY **5179**

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.

Christopher Caliri **1/21/13**
 Signature of Authorized Representative Date

Christopher Caliri **President**
 Print or Type Name of Authorized Representative