



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

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

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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