



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. 129936		2. Exact name of the Corporation Caputo Chiropractic Inc.			
3. Principal office address 1040 Oaklawn Avenue		City Cranston	State RI	Zip 02920	
4. Business Phone No. 401-944-2221		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Chiropractic Service					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name Edward Caputo			Vice-President Name Judy Gallagher		
Street Address 12 Dartmouth Road			Street Address 12 Dartmouth Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Judy Gallagher			Treasurer Name Edward Caputo		
Street Address 12 Dartmouth Road			Street Address 12 Dartmouth Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input checked="" 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
			4000 SH	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

FILED

JAN 30 2013

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.

Signature of Authorized Representative: Edward Caputo Date: 01/28/2013
 Print or Type Name of Authorized Representative

By: [Signature]
 CR # 4947