

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* 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(cord)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 84734	Rhode Island Sp	2. Name of Corporation Rhode Island Spine Center, Inc.				
3. Street Address Principal Business Office 600 Pawtucket Avenue			City Pawtucket	State RI	<i>Ζψ</i> 02860	
4. Business Phone No. (401) 728-2200  5. State of Incorporation Rhode Island					02000	
6. Brief Description of the Character To generally engage in the	business of chiropra	ctic pracitices		Address and the second second		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Donald R. Murphy			ACHMENT) THE IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  Donald R Murphy			
Street Address 600 Pawtucket Avenue			Street Address 600 Pawtucket Avenue			
Pawtucket	State RI	<sup>Ζφ</sup> 02860	City Pawtucket	State RI	<i>Σφ</i> 02860	
Secretary Name Donald R Murphy			Treasurer Name Donald R Murphy			
Street Address 600 Pawtucket Avenue			Street Address 600 Pawtucket Avenue			
Pawtucket	State RI	<i>Zф</i> 02860	City Pawtucket	State RI	<i>Ζφ</i> 02860	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Donald R. Murphy Street Address			ACHMENT)   FILL IN SPACES BEFORE COLOR ATTACHMENTS  Director Name  Laura Murphy			
600 Pawtucket Avenue			Street Address 600 Pawtucket Avenue			
City Pawtucket Director Name	State RI	<i>z</i> <sub>Ф</sub> 02860	City Pawtucket Director Name	State RI	Zψ 02860	
Street Address			Street Address			
City	State	Zip	Clty	State	Zip	
9. SHARES AUTHORIZED  10. SHARES ISSUED ("X" BOX FOR A THE CHMENT) [ ISSUED SHARES — THIS SECTION MUST BE COMPLETED)						
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	
			200	Common	No par	
			THE RESERVE			
This report must be executed of this report must be executed or	on behalf of the corpo	pration by an authorized ration by the receiver of FILED	r trustee.		of a receiver or trustee,	
File Date State St		FEB 0 5 2013 /3.78	including any accomption of the contained hope in are the contained hope in are the contained hope in are the contained hope in a contained hope i	ultring Schedule and state of and state	ments, and that all statements  O 1/2 9/2013  Date	
POR SECRETARY OF STAT	E USE ONLY		President  Title			