



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 2014

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. 132237		2. Exact name of the Corporation John Chaffey, D.O., Ltd.			
3. Principal office address 215 Tollgate Road, Suite 209		City Warwick	State RI	Zip 02886	
4. Business Phone No. 401-825-8200		5. State of Incorporation R.I.			
6. Brief description of the character of business conducted in Rhode Island To engage in the general practice of medicine and osteopathy and related services.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name John Chaffey		Vice-President Name John Chaffey			
Street Address 215 Tollgate Road, Suite 209		Street Address 215 Tollgate Road, Suite 209			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name John Chaffey		Treasurer Name John Chaffey			
Street Address 215 Tollgate Road, Suite 209		Street Address 215 Tollgate Road, Suite 209			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name John Chaffey		Director Name			
Street Address 215 Tollgate Road, Suite 209		Street Address			
City Warwick	State RI	Zip 02886	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 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
			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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Signature of Authorized Representative

Date

John Chaffey, President

Print or Type Name of Authorized Representative