



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000072735

2. Name of Corporation Chiropractic Society of Rhode Island

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 145 WATERMAN STREET

City or Town: PROVIDENCE

State: RI Zip: 02906 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROFESSIONAL SOCIETY OF CHIROPRACTIVE PHYSICIANS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CLIVE BRIDGAM	160 PLEASANT STREET RUMFORD, RI 02916 USA
TREASURER	AARON SALINGER	145 WATERMAN STREET PROVIDENCE, RI 02906 USA
SECRETARY	SANDRA TREMBLAY	25 BLODGETT AVENUE

		PAWTUCKET, RI 02860 USA
ACCOUNTANT	JAMES D BRUNO	46 POCASSET STREET JOHNSTON, RI 02919 USA
VICE PRESIDENT	MICHAEL GOTTFRIED	1272 WEST MAIN ROAD MIDDLETOWN, RI 02842 USA
DIRECTOR	CLIVE BRIDGHAM	160 PLEASANT STREET RUMFORD, RI 02916 USA
DIRECTOR	GARY POST	24 SALT POND RD. WAKEFIELD, RI 02879 USA
DIRECTOR	DAVID BRUNO	1822 MINERAL SPRING AVE. NORTH PROVIDENCE, RI 02904 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MICHAEL A. OREFICE 1445 WAMPANOAG TRAIL, SUITE 117 EAST PROVIDENCE , RI 02915

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 8 Day of December, 2014 at 12:32:49 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By AARON SALINGER
Signature of Authorized Person

Form No. 631
Revised 09/07

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