



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

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 2015

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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 87369		2. Name of Corporation Basler Chiropractic Center, Inc.			
3. Street Address Principal Business Office 1261 North Main Street			City Providence	State RI	Zip 02904-1872
4. Business Phone No. 401-312-0614		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island RENDERING PROFESSIONAL CHIROPRACTIC SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mary G. Basler			Vice President Name None.		
Street Address 1261 North Main Street			Street Address		
City Providence	State RI	Zip 02904-1872	City	State	Zip
Secretary Name Mary G. Basler			Treasurer Name Mary G. Basler		
Street Address 1261 North Main Street			Street Address 1261 North Main Street		
City Providence	State RI	Zip 02904-1872	City Providence	State RI	Zip 02904-1872
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Mary G. Basler			Director Name		
Street Address 1261 North Main Street			Street Address		
City Providence	State RI	Zip 02904-1872	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	Common	No 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
JAN 12 2015
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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.

Mary G. Basler 01/02/15
Signature Date
Mary G. Basler
Print or Type Name
President
Title