



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 2015

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. 140535		2. Exact name of the Corporation Sherry Morrissette, D.C., Professional Corporation			
3. Principal office address 16 Nooseneck Hill Road, Suite A		City West Greenwich	State RI	Zip 02817	
4. Business Phone No. 401-397-9948		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island to engage in chiropractic care					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Sherry Morrissette, D.C.			Vice-President Name		
Street Address 16 Nooseneck Hill Road, Suite A			Street Address		
City West Greenwich	State RI	Zip 02817	City	State	Zip
Secretary Name Sherry Morrissette, D.C.			Treasurer Name Sherry Morrissette, D.C.		
Street Address 16 Nooseneck Hill Road, Suite A			Street Address 16 Nooseneck Hill Road, Suite A		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02818
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Sherry Morrissette, D.C.			Director Name		
Street Address 16 Nooseneck Hill Road			Street Address		
City West Greenwich	State RI	Zip 02817	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 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
			1000	common	\$ 0.01

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

FEB 04 2015

BY 4701

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 1-30-15

Sherry Morrissette, D.C.
 Print or Type Name of Authorized Representative