



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. 265874		2. Exact name of the Corporation Crellin Physical Therapy Services, Inc.								
3. Principal office address 328 Cowesett Avenue			City West Warwick	State RI	Zip 02893					
4. Business Phone No. 401-821-6091		5. State of Incorporation Rhode Island								
6. Brief description of the character of business conducted in Rhode Island To provide, perform and render professional chiropractic services to the general public										
LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>										
President Name Andrew T. Crellin			Vice-President Name None							
Street Address 328 Cowesett Avenue			Street Address							
City West Warwick	State RI	Zip 02893	City	State	Zip					
Secretary Name Andrew T. Crellin			Treasurer Name Andrew T. Crellin							
Street Address 328 Cowesett Avenue			Street Address 328 Cowesett Avenue							
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name None			Director Name							
Street Address			Street Address							
City	State	Zip	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		
						1,000	common	no par		

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: _____

FILED

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.

FEB 17 2015

Andrew T. Crellin 2/17/15
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

BY 4248

Andrew T. Crellin

Print or Type Name of Authorized Representative