



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. 513202		2. Exact name of the Corporation CIPRESI CHIROPRACTIC INCORPORATED			
3. Principal office address 3285 SOUTH COUNTY TRAIL		City EAST GREENWICH	State RI	Zip 02818	
4. Business Phone No. (401) 398-2908		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island medical office / chiropractic wellness					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ANGELA CIRESI			Vice-President Name CHRISTOPHER CALIRI		
Street Address 80 PARTRIDGE RUN			Street Address 80 PARTRIDGE RUN		
City EAST GREENWICH	State RI	Zip 02818	City E GREENWICH	State RI	Zip 02818
Secretary Name ANGELA CIRESI			Treasurer Name CHRISTOPHER CALIRI		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ANGELA CIRESI			Director Name CHRISTOPHER CALIRI		
Street Address same			Street Address same		
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.					

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: Angela P. Ciresi Date: JAN 10, 2015

ANGELA CIRESI JAN 10, 2015

Print or Type Name of Authorized Representative