



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. 72323		2. Exact name of the Corporation Pelton Family Chiropractic Center Inc.			
3. Principal office address 730 Kingstown Road Ste 3			City Wakefield	State RI	Zip 02879
4. Business Phone No. 401 782-8380		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Chiropractic Medicine					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kevin J. Pelton			Vice-President Name Christine L. Pelton		
Street Address 87 Sylvan Way			Street Address 87 Sylvan Way		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kevin J. Pelton			Director Name Christine L. Pelton		
Street Address 87 Sylvan Way			Street Address 87 Sylvan Way		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
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
			100	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: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

MAR 02 2015

BY 10328

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.

Christine L. Pelton DC 2/25/15  
 Signature of Authorized Representative Date

Christine L. Pelton DC  
 Print or Type Name of Authorized Representative