



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. 125911		2. Exact name of the Corporation Dr. Stephen M. Estner, Professional Corporation			
3. Principal office address 888 Reservoir Avenue			City Cranston	State RI	Zip 02910
4. Business Phone No. (401) 275-2225			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island The provision of professional chiropractic services					
7. OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Stephen M. Estner, D.C.			Vice-President Name Stephen M. Estner, D.C.		
Street Address 1039 Reservoir Avenue			Street Address 1039 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Stephen M. Estner, D.C.			Treasurer Name Stephen M. Estner, D.C.		
Street Address 1039 Reservoir Avenue			Street Address 1039 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Stephen M. Estner, D.C.			Director Name		
Street Address 1039 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02910	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
			100	Common	None

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
 MAR 06 2015

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 **2/25/15**
Stephen M. Estner, D.C., President
 Print or Type Name of Authorized Representative

BY 1042