



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 checked="" 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 checked="" 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 | | | | | |
| 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 | |
| | | | | | |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | | | | |

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

BY 1042

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

Date

Stephen M. Estner, D.C., President

Print or Type Name of Authorized Representative