



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 MAR 30 PM 2:50

1. Entity ID No. 115236		2. Exact name of the Corporation Four Winds Chiropractic, Inc.			
3. Principal office address 137 Sandy Bottom Road		City Coventry	State RI	Zip 02816	
4. Business Phone No. 401-822-3676		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To provide chiropractic and physiotherapy care.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jeffrey J. Tosch, DC		Vice-President Name Jeffrey J. Tosch, DC			
Street Address 137 Sandy Bottom Road		Street Address 137 Sandy Bottom Road			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Jeffrey J. Tosch, DC		Treasurer Name Jeffrey J. Tosch, DC			
Street Address 137 Sandy Bottom Road		Street Address 137 Sandy Bottom Road			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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
			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: _____

FILED
 MAR 30 2015
 By: *[Signature]*
 AA

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] **Jeffrey J. Tosch** 3-30-15
 Signature of Authorized Representative Date

Print or Type Name of Authorized Representative