



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **123900** 2. Name of Corporation **Gailes Chiropractic, Inc.**
3. Street Address Principal Business Office City State Zip
176 C Child Street Warren RI 02855
4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 245-6007 RHODE ISLAND 9274
7. Brief Description of the Character of Business Conducted in Rhode Island

Chiropractors office

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Jared D. Gailes Street Address 23 Richmond Avenue City State Zip Barrington RI 02806-1120	Vice President Name Diana B. Gailes Street Address 23 Richmond Avenue City State Zip Barrington RI 02806-1120
Secretary Name Diana B. Gailes Street Address 23 Richmond Avenue City State Zip Barrington RI 02806-1120	Treasurer Name Jared D. Gailes Street Address 23 Richmond Avenue City State Zip Barrington RI 02806-1120

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Jared D. Gailes Street Address 23 Richmond Avenue City State Zip Barrington RI 02806-1120	Director Name Diana B. Gailes Street Address 23 Richmond Avenue City State Zip Barrington RI 02806-1120
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
200 shs. No Par Value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 3 9 0 0 *

File Date: 9-15-03
1897
Check No.: _____
By: [Signature]

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] 9/9/03
Signature of Officer Date

Jared D. Gailes
Print or Type Name of Officer

President
Title of Officer