



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

Nellie M. Gorbea, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 000486003		2. Exact name of the limited liability company New Hope Chiropractic, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island The practice of chiropractic care			
5. Principal office address 9 Forbes Street			City Riverside	State RI	Zip 02915
Contact Name Rodger B. Lincoln			Contact Title Member		
Street Address 9 Forbes Street			City Riverside	State RI	Zip 02915
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

FILED
OCT 01 2015

BY 912

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

Rodger B. Lincoln 9/25/15
Signature of Authorized Person Date

File Date _____
Check No. _____
By: _____
FOR INFORMATION OF FILING AGENT ONLY

Rodger B. Lincoln, Member

Print or Type Name of Authorized Person