



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 149394		2. Exact name of the Corporation CAETANO FAMILY CHIROPRACTIC, INC.			
3. Principal office address 515 Broad Street			City Cumberland	State RI	Zip 02864
4. Business Phone No. (401) 475-5956			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Chiropractic Services					
President Name Rose-Marie Caetano			Vice-President Name Luis DeAndrade		
Street Address 515 Broad Street			Street Address 345 Grange Park		
City Cumberland	State RI	Zip 02864	City Bridgewater	State MA	Zip 02324
Secretary Name Rose-Marie Caetano			Treasurer Name Luis DeAndrade		
Street Address 515 Broad Street			Street Address 345 Grange Park		
City Cumberland	State RI	Zip 02864	City Bridgewater	State MA	Zip 02324
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name Rose-Marie Caetano			Director Name Luis DeAndrade		
Street Address 515 Broad Street			Street Address 345 Grange Park		
City Cumberland	State RI	Zip 02864	City Bridgewater	State MA	Zip 02324
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 checked="" 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.					
100		Common	\$0.01		

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

FILED

FEB 17 2016

BY 1498 DS

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

2/10/16
Date

Rose-Marie Caetano, President

Print or Type Name of Authorized Representative