



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 DEPARTMENT OF STATE
 CORPORATIONS DIV
 2016 AUG - 1 AM 11:45

1. Entity ID Number 000796082		2. Exact name of the Corporation Live Proper Chiropractic Inc.			
3. Principal Office Address 77 Frankin Street		City Westerly		State RI	Zip 02891
4. Business Phone Number 401-315-2300		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Chiropractic services					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Luke Pinatello		Vice-President Name			
Street Address 60 Sherwood Dr		Street Address			
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Luke Pinatello		Director Name			
Street Address 60 Sherwood Dr		Street Address			
City Westerly	State RI	Zip 02891	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	CNP	\$1.0000	
11. 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. <i>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.</i>					
Name of Authorized Representative Luke Pinatello				Date 7/21/16	
Signature of Authorized Representative 					

FILED

AUG 01 2016 11:47

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY 280371