

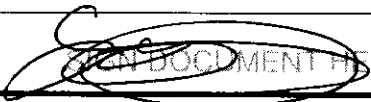


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2015
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
 SECRETARY 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 Check the box to indicate an attachment <input type="checkbox"/>			
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	\$10000
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. 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.					
Name of Authorized Representative Luke Pinatello				Date 7/21/16	
Signature of Authorized Representative 					

FILED

AUG 01 2016 11:46

BY le 280371

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