



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

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. 559653		2. Exact name of the Corporation PILLONI FAMILY CHIROPRACTIC INC		
3. Principal office address 2797 POST RD		City WARWICK	State RI	Zip 02886
4. Business Phone No. 401-255-7840		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island CHIROPRACTIC SERVICES				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name DAVID H PILLONI		Vice-President Name VACANT		
Street Address 2797 POST RD		Street Address		
City WARWICK	State RI	Zip 02886	City	State
Secretary Name DAVID H PILLONI		Treasurer Name DAVID H. PILLONI		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name DAVID H PILLONI		Director Name		
Street Address 2797 POST RD		Street Address		
City WARWICK	State RI	Zip 02886	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input 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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		250	COMMON	NO PAR

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

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.

FILED
JAN 17 2017

Signature of Authorized Representative

Date

DAVID H PILLONI
 Print or Type Name of Authorized Representative

1-13-17

BY **2219 DS**