



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

**Annual Report for the year: 2017**  
**Corporation**

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

**FILED**

JAN 20 2017

BY

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1. Entity ID Number <b>116048</b>		2. Exact name of the Corporation <b>Apponaug Chiropractic Center, Incorporated</b>			
3. Principal Office Address <b>2525 Post Road</b>		City <b>Warwick</b>		State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>62 - Health Care and Social As</b>		6. Brief description of the character of business conducted in Rhode Island <b>Chiropractic and wellness/health clinic.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Christopher Caliri</b>			Vice-President Name <b>Angela Ciresi-Caliri</b>		
Street Address <b>80 Partridge Run</b>			Street Address <b>80 Partridge Run</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Grenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>Christopher Caliri</b>			Treasurer Name <b>Anglea Ciresi-Caliri</b>		
Street Address <b>80 Partridge Run</b>			Street Address <b>80 Partridge Run</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Christopher Caliri</b>			Director Name <b>Angela Ciresi-Caliri</b>		
Street Address <b>80 Partridge Run</b>			Street Address <b>80 Partridge Run</b>		
City <b>East greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					PAR VALUE
					NO Par Value
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. <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.</b>					
Name of Authorized Representative <b>Christopher Caliri</b>				Date <b>1/17/2017</b>	
Signature of Authorized Representative <span style="float: right; font-weight: bold;">SIGN DOCUMENT HERE</span>					

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