



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. 515973		2. Exact name of the Corporation OPUS ACUPUNCTURE, LTD.			
3. Principal office address 66 Nooseneck Hill Road			City West Greenwich	State RI	Zip 02817
4. Business Phone No. 401 782 8639			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Acupuncture					
President Name Timothy E. O'Brien			Vice-President Name Timothy E. O'Brien		
Street Address 42 Marine Road			Street Address 42 Marine Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Timothy E. O'Brien			Treasurer Name Timothy E. O'Brien		
Street Address 42 Marine Road			Street Address 42 Marine Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
7. ALL DIRECTORS NAMES AND ADDRESSES ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. SHARES AUTHORIZED <input type="checkbox"/> 9. 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
			100	Common	No Par Value

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.

Timothy E. O'Brien 02-04-17
Signature of Authorized Representative Date
Timothy E. O'Brien, President
Print or Type Name of Authorized Representative