

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.	2 Evant nan	ne of the Corporation								
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 ch Acupuncture	aracter of business	s conducted in Rhode Island								
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					
Director Name	en part per en sida yang gelepakan gelepakan gelepakan gelepakan gelepakan gelepakan gelepakan gelepakan gelepa Bertan Maria Samuniak dan Bertan di Bertan gelepakan gelepakan gelepakan gelepakan gelepakan gelepakan gelepak		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					
			NUL SHARES (ISSUED) ("7" BOX FOR ATTACHMENT) NUMBER OF SHARES CLASS/SERIES PAR VALUE							
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.			100	Common	No Par Value					
This report must be execute	ed on behalf of the this report mu	corporation by an authorize	ed representative. If the the the corporation by the i	corporation is in the hand receiver or trustee.	ls of a receiver or trustee,					

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FILED FEB 1 5 2017 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.

Signature of Authorized Representative

02-04-17

Timothy E. O'Brien, President

Print or Type Name of Authorized Representative

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Form No. 630 Revised: 01/2012