



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.

1. Entity ID Number 513202		2. Exact name of the Corporation CIRESI CHIROPRACTIC INCORPORATED	
3. Principal Office Address 3205 SOUTH COUNTY TRAIL		City EAST GREENWICH	State RI
		Zip 02818	
4. Business Phone Number: (401) 398-2468	6. Brief description of the character of business conducted in Rhode Island medical office / chiropractic wellness		
5. State of Incorporation RI			
7. List ALL officers (names and addresses)			
President Name ANGELA CIRESI		Vice-President Name Christopher Calvin	
Street Address 80 Partridge Run		Street Address 80 Partridge Run	
City East Greenwich	State RI	City East Greenwich	State RI
Zip 02818		Zip 02818	
Secretary Name ANGELA CIRESI		Treasurer Name CHRISTOPHER CALIRI	
Street Address Same		Street Address Same	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses)			
Director Name ANGELA CIRESI		Director Name CHRISTOPHER CALIRI	
Street Address Same		Street Address Same	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 100	CLASS/SERIES Common
		PAR VALUE 2.00	
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 ANGELA CIRESI		Date 10/28/2016	
Signature of Authorized Representative <i>Angela Ciresi</i>		FILED FEB 21 2017 296280 A.A. 12:47pm	