



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

MAIL TO:
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