



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 149394		2. Exact name of the Corporation Caetano Family Chiropractic			
3. Principal Office Address 515 Broad Street			City Cumberland	State RI	Zip 02864
4. NAICS Code 62 - Health Care and Social As		6. Brief description of the character of business conducted in Rhode Island Chiropractic services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rose-Marie Caetano			Vice-President Name Luis DeAndrade		
Street Address 515 Broad Street			Street Address 345 Grange Park		
City Cumberland	State RI	Zip 02864	City Bridgewater	State MA	Zip 02324
Secretary Name Rose-Marie Caetano			Treasurer Name Luis DeAndrade		
Street Address 515 Broad Street			Street Address 345 Grange Park		
City Cumberland	State RI	Zip 02864	City Bridgewater	State MA	Zip 02324
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rose-Marie Caetano			Director Name Luis DeAndrade		
Street Address 515 Broad Street			Street Address 345 Grange Park		
City Cumberland	State RI	Zip 02864	City Bridgewater	State MA	Zip 02324
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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.					
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 Rose-Marie Caetano, President					Date 2/21/17
Signature of Authorized Representative 					

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

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FORM 630 - Revised: 02/2017