



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 <b>135646</b>		2. Exact name of the Corporation <b>Andrew T. Chellin D.C., R. RT., INC.</b>	
3. Principal Office Address <b>328 Cowesett Avenue</b>		City <b>West Warwick</b>	State <b>RI</b>
		Zip <b>02893</b>	
4. NAICS Code <b>62</b>	6. Brief description of the character of business conducted in Rhode Island <b>To provide, perform and render Chiropractic services to the general public</b>		
5. State of Incorporation			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Andrew T Chellin</b>		Vice-President Name	
Street Address <b>328 Cowesett Avenue</b>		Street Address	
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	
Secretary Name <b>Andrew T. Chellin</b>		Treasurer Name <b>Andrew T. Chellin</b>	
Street Address <b>328 Cowesett Avenue</b>		Street Address <b>328 Cowesett Avenue</b>	
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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 <b>4,000</b>	CLASS/SERIES <b>common</b>	PAR VALUE <b>NO PAR</b>	
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 <b>Andrew T. Chellin</b>		Date <b>2/25/2017</b>	
Signature of Authorized Representative <i>Andrew Chellin</i>			

## 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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