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	2. Exact name of the Corporation			
135646	Andrew T. Crellin D.C., R. RT., INC.			
3. Principal Office Address		City	State	Zip
328 Cowesett Avenue		West Warwick	RI	02893
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
62	To provide, perform and render chiropractic services to the general public			
5. State of Incorporation				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Andrew T Crellin					
Street Address			Street Address		
328 Cowesett Avenue					
City	State	Zip	City	State	Zip
West Warwick	RI	02893			
Secretary Name			Treasurer Name		
Andrew T. Crellin			Andrew T. Crellin		
Street Address			Street Address		
328 Cowesett Avenue			328 Cowesett Avenue		
City	State	Zip	City	State	Zip
West Warwick	RI	02893	West Warwick	RI	02893

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			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

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,000	common	NO PAR

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	Date
Andrew T. Crellin	2/25/2017

Signature of Authorized Representative: Andrew Crellin

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

FILED
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BY 3014

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