



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>83915</b>		2. Exact name of the Corporation <b>Metacom Chiropractic Centre, Inc</b>			
3. Principal Office Address <b>576 Metacom Ave</b>		City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	
4. NAICS Code <b>621310</b>		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation <b>RI</b>		<b>Professional office</b>			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>MARK V. ALANO</b>		Vice-President Name			
Street Address <b>47 Garfield St.</b>		Street Address <b>N/A</b>			
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
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 <b>N/A</b>		Director Name <b>N/A</b>			
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 <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	
		<b>0</b>	<b>—</b>	<b>—</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.					
<b>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.</b>					
Name of Authorized Representative <b>MARK V. ALANO</b>				Date	
Signature of Authorized Representative <i>[Signature]</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

**FILED**

MAR 06 2017

FORM 630 - Revised: 02/2017

**8490 DS**