Si	tate of Rhode Island an Office of the Se			IS Fee: \$50.00
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040				
Limited Liability Com Annual Report Filing Period: September 1 -				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2016				
1. ID No. <u>000573564</u>				
2. Exact Name of the Limited Liability Company Van Amberg Family Chiropractic, LLC				
3. State of Formation				
State: <u>RI</u>				
ARTICLE III				
Using the following NAICS codes, please select the code that best describes your business.				
NAICS Code			6	81
4. Brief Description of the	e Character of the Business	Which is Ac	tually Conducted	d in Rhode Island
CHIROPRACTIC DOCT	FOR WELLNESS			
5. Principal Office Addres	SS			
No. and Street: <u>606 METACOM AVENUE</u>				
City or Town: <u>WAR</u>		State: <u>RI</u>	·	Country: <u>USA</u>
-	nited Liability Company and	Name or Ti	tle of Contact Pe	erson:
	^{Fitle:} NG WHARF MALL PORT	State: <u>RI</u>	Zip: <u>02840</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name		Addr	
	First, Middle, Last, Suffix	Ade	dress, City or Town, St	tate, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				

WILLIAM W. HARVEY II 47 LONG WHARF MALL NEWPORT , RI 02840

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 19 Day of April, 2017 at 11:32:02 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DAVID J. VAN AMBERG

Signature of Authorized Person

Form No. 632 Revised 09/07

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