



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2018  
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 <u>4149</u>		2. Exact name of the Corporation <u>Chiropractic Associates of Westerly, Inc.</u>			
3. Principal Office Address <u>110 High Street</u>		City <u>Westerly</u>		State <u>R.I.</u>	Zip <u>02891</u>
4. NAICS Code <u>621310</u>		6. Brief description of the character of business conducted in Rhode Island <u>Chiropractor</u>			
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Dr. David J. Siciliano</u>			Vice-President Name <u>Same</u>		
Street Address <u>110 High Street</u>			Street Address		
City <u>Westerly</u>	State <u>R.I.</u>	Zip <u>02891</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>Same</u>			Director Name <u>Same</u>		
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 <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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <u>10</u>	CLASS/SERIES <u>Common</u>	PAR VALUE <u>no par value</u>
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 <u>Dr. David J. Siciliano</u>					Date <u>Jan. 18</u>
Signature of Authorized Representative <u>[Signature]</u>					

## 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

JAN 25 2018

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FORM 630 - Revised: 10/2017