RI SOS Filing Number: 201857123890 Date: 1/29/2018 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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CORPORATIONS DIV
2018 JAN 29 PM 2:08

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	2. Exact name of the Corporation			
147828	DAVID J LENKEWICZ D.C. INC			
3. Principal Office Address		City	State	Zip
580 SMITH STREET		PROV	RI	02908
4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
621310	OPERATION OF A CHIROPRACTIC OFFICE			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
DAVID J LENKEWICZ					
Street Address			Street Address		
SAME					
City	State	Zip	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 ☐

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	600	COMMON	NO PAR
Changes require an additional filing.			

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
DAVID J LENKEWICZ	1/29/2018

Signature of Authorized Representative: [signature] SIGN DOCUMENT HERE

FILED
JAN 29 2018
BY 322893

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

FORM 630 - Revised: 10/2017