



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

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 SECRETARY OF STATE
 CORPORATIONS DIV.
 2018 FEB - 8 AM 9:24

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 559653		2. Exact name of the Corporation PILLONI FAMILY CHIROPRACTIC INC.			
3. Principal Office Address 2797 POST RD		City WARWICK		State RI	Zip 02886
4. NAICS Code 621310		6. Brief description of the character of business conducted in Rhode Island CHIROPRACTIC SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID H PILLONI			Vice-President Name DAVID H PILLONI		
Street Address 2797 POST RD			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Secretary Name DAVID H PILLONI			Treasurer Name DAVID H PILLONI		
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 DAVID H PILLONI			Director Name		
Street Address 2797 POST RD			Street Address		
City WARWICK	State RI	Zip 02886	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
		200		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 <i>David H Piloni / agent of Same</i>					Date 1/18/18
Signature of Authorized Representative DAVID H PILLONI					SIGN DOCUMENT HERE

FILED

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