



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 116048		2. Exact name of the Corporation Apponaug Chiropractic Center, Incorporated												
3. Principal Office Address 2525 Post Road			City Wawrick	State RI	Zip 02886									
4. NAICS Code 62-Health Care and Social Ass		6. Brief description of the character of business conducted in Rhode Island Chiropractic and wellness/health clinic												
5. State of Incorporation Rhode Island		621310												
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Christopher Caliri			Vice-President Name Angela Ciresi-Caliri											
Street Address 80 Partridge Run			Street Address 80 Partridge Run											
City East Greenwich	State RI	Zip 02818	City East greenwich	State RI	Zip 02818									
Secretary Name Christopher Caliri			Treasurer Name Angela Ciresi-Caliri											
Street Address 80 Partridge Run			Street Address 80 Partridge Run											
City East greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name Christopher Caliri			Director Name Angela Ciresi-Caliri											
Street Address 80 Partridge Run			Street Address 80 Partridge Run											
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized Check the box to indicate an attachment ☐														
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐											
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td style="text-align:center;">100</td> <td style="text-align:center;">Common</td> <td style="text-align:center;">No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	Common	No Par Value												
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 Christopher Caliri					Date 2/5/2018									
Signature of Authorized Representative <i>Christopher Caliri</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

FEB 08 2018
BY 6133 DS