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	2. Exact name of the Corporation			
116048	Apponaug Chiropractic Center, Incorporaed			
3. Principal Office Address		City	State	Zip
2525 Post Road		Wawrick	RI	02886
4. NAICS Code	6. Bnef description of the character of business conducted in Rhode Island			
62-Health Care and Social Assi	Chiropractic and wellness/health clinic			
5. State of Incorporation				
Rhode Island	62130			

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

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 ☐

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	Date
Christopher Caliri	2/5/2018

Signature of Authorized Representative: Christopher Caliri

FILED

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 61335

FORM 630 - Revised: 10/2017