



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.

FILED

FEB 20 2018

BY

1447
[Signature]

1. Entry ID Number 000068366		2. Exact name of the Corporation DR. ROBERT A. L'EUROPA, LTD.			
3. Principal Office Address 1528 Cranston Street			City Cranston	State RI	Zip 02920
4. NAICS Code 621391		6. Brief description of the character of business conducted in Rhode Island Practice of chiropractic medicine and physical therapy			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert A. L'Europa, D.C.			Vice-President Name Robert A. L'Europa, D.C.		
Street Address 1528 Cranston Street			Street Address 1528 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Robert A. L'Europa, D.C.			Treasurer Name Robert A. L'Europa, D.C.		
Street Address 1528 Cranston Street			Street Address 1528 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert A. L'Europa, D.C.			Director Name		
Street Address 1528 Cranston Street			Street Address		
City Cranston	State RI	Zip 02920	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		
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 Dr. Robert A. L'Europa					Date 1-14-18
Signature of Authorized Representative [Signature] SIGN DOCUMENT HERE					