RI SOS Filing Number: 201859550540 Date: 2/28/2018 4:00:00 PM

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			
72323	Pelton Family Chiropractic Center Inc			
3. Principal Office Address		City	State	Zip
730 Kingstown Road Ste. 3		Wakefield	RI	02879
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
621310	Chiropractic Medicine			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
Kevin J. Pelton			Christine L Pelton		
Street Address			Street Address		
87 Sylvan Way			87 Sylvan Way		
City	State	Zip	City	State	Zip
Kingston	RI	02881	Kingston	RI	02881
Secretary Name			**Treasurer Name**		
Kevin J Pelton			Christine L Pelton		
Street Address			Street Address		
87 Jane			Jane		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
Kevin J Pelton			Christine L Pelton		
Street Address			Street Address		
87 Sylvan Way			87 Sylvan Way		
City	State	Zip	City	State	Zip
Kingston	RI	02881	Kingston	RI	02881
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

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
Christine L Pelton, DC	2/24/18

Signature of Authorized Representative: Christine L Pelton DC

FILED

FEB 28 2018

BY 11771

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