



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 140535		2. Exact name of the Corporation Sherry Morrisette, D.C., Professional Corporation			
3. Principal Office Address 16 Nooseneck Hill Road, Suite A			City West Greenwich	State RI	Zip 02817
4. NAICS Code 841990		6. Brief description of the character of business conducted in Rhode Island to engage in chiropractic care			
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 Sherry Morrisette, D.C.			Vice-President Name		
Street Address 16 Nooseneck Hill Road			Street Address		
City West Greenwich	State RI	Zip 02817	City	State	Zip
Secretary Name Sherry Morrisette, D.C.			Treasurer Name Sherry Morrisette, D.C.		
Street Address 16 Nooseneck Hill Road			Street Address 16 Nooseneck Hill Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sherry Morrisette, D.C.			Director Name		
Street Address 16 Nooseneck Hill Road			Street Address		
City West Greenwich	State RI	Zip 02817	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 Sherry Morrisette, D.C.					Date 2-28-18
Signature of Authorized Representative 					FILED

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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