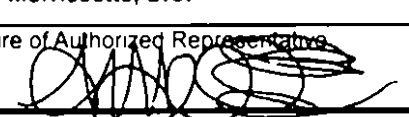




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 ☐														
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 ☐														
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 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"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>1000</td><td>common</td><td>\$0.01</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	common	\$0.01			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1000	common	\$0.01												
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
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAR 12 2018

BY 5364
DS

FORM 630 - Revised: 10/2017