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
140535	Sherry Morrissette, D.C., Professional Corporation

3. Principal Office Address	City	State	Zip
16 Nooseneck Hill Road, Suite A	West Greenwich	RI	02817

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541990	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	Vice-President Name
Sherry Morrissette, D.C.	
Street Address: 16 Nooseneck Hill Road	Street Address:
City: West Greenwich; State: RI; Zip: 02817	City; State; Zip
Secretary Name: Sherry Morrissette, D.C.	Treasurer Name: Sherry Morrissette, 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	Director Name
Sherry Morrissette, D.C.	
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 ☐

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 Morrissette, D.C.

Date: ✓2-28-18

Signature of Authorized Representative: ✓

SIGN DOCUMENT HERE

FILED

MAR 12 2018

BY 53644

DS

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

FORM 630 - Revised: 10/2017