



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <u>000722072</u>		2. Exact name of the Limited Liability Company <u>Chiropractic Associates LLC</u>	
3. NAICS Code <u>621310</u>		4. Brief description of the character of business conducted in Rhode Island <u>Chiropractic medical office</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>1196 Elmwood Ave.</u>		City <u>Prov</u>	State <u>RI</u> Zip <u>02907</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Dr Len Marino</u>		Contact Title <u>Owner</u>	
Street Address <u>1196 Elmwood Ave.</u>		City <u>Prov</u>	State <u>RI</u> Zip <u>02907</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Check the box to indicate an attachment ☐			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.			
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 Person <u>Dr Len Marino</u>		Date <u>9-7-18</u>	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

SEP 11 2018

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