



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 JAN -3 PM 12: 24

1. Entity ID Number 147828		2. Exact name of the Corporation David J. Lenkewicz, D.C. Inc.			
3. Principal Office Address 580 Smith Street		City Providence		State RI	Zip 02908
4. NAICS Code 621310		6. Brief description of the character of business conducted in Rhode Island Chiropractic Office			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David J. Lenkewicz, D.C.			Vice-President Name David J. Lenkewicz, D.C.		
Street Address 580 Smith Street			Street Address 580 Smith Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name David J. Lenkewicz, D.C.			Treasurer Name David J. Lenkewicz, D.C.		
Street Address 580 Smith Street			Street Address 580 Smith Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David J. Lenkewicz, D.C.			Director Name		
Street Address 580 Smith Street			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 600	CLASS/SERIES common	PAR VALUE no 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 					Date 1/3/19
Signature of Authorized Representative 					

SIGN DOCUMENT HERE **FILED**MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govJAN 03 2019
BY 222 MS

FORM 630 - Revised: 10/2017