



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

Annual Report for **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.

STAMP

1. Entity ID Number 87369		2. Exact name of the Corporation Basler Chiropractic Center, Inc.			
3. Principal Office Address 1261 North Main Street			City Providence	State RI	Zip 02904-1872
4. NAICS Code 621310		6. Brief description of the character of business conducted in Rhode Island Rendering professional chiropractic services.			
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 Mary G. Basler			Vice-President Name None.		
Street Address 1261 North Main Street			Street Address		
City Providence	State RI	Zip 02904-1872	City	State	Zip
Secretary Name Mary G. Basler			Treasurer Name Mary G. Basler		
Street Address 1261 North Main Street			Street Address 1261 North Main Street		
City Providence	State RI	Zip 02904-1872	City Providence	State RI	Zip 02903-1872
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mary G. Basler			Director Name		
Street Address 1261 North Main Street			Street Address		
City Providence	State RI	Zip 02904-1872	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
			100		Common
					PAR VALUE
					No Par
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 Mary G. Basler, President					Date 12/28/18
Signature of Authorized Representative <i>Mary G. Basler</i>					

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

JAN 14 2019
 BY 10277 DS FORM 630 - Revised: 10/2017