



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.

1. Entity ID Number 235143		2. Exact name of the Corporation Back In Motion, Inc.			
3. Principal Office Address 249 Linden Street			City Fall River	State MA	Zip 02720
4. NAICS Code 621310		6. Brief description of the character of business conducted in Rhode Island To provide chiropractic treatment and consultation.			
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 Sara D. Dubois			Vice-President Name		
Street Address 249 Linden Street			Street Address		
City Fall River	State MA	Zip 02720	City	State	Zip
Secretary Name Sara D. Dubois			Treasurer Name Sara D. Dubois		
Street Address 249 Linden Street			Street Address 249 Linden Street		
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02720
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sara D. Dubois			Director Name		
Street Address 249 Linden Street			Street Address		
City Fall River	State MA	Zip 02720	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	PAR VALUE
		8,000		Stk	\$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. <i>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.</i>					
Name of Authorized Representative Sara D. Dubois					Date 1-18-19
Signature of Authorized Representative <div style="text-align: center;">SIGN DOCUMENT HERE</div>					

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

JAN 31 2019 *DZ*

BY *3572*