State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

FILED

AUG 29 2019

BY 6248 DS

**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 | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| 000039113 | Alan R. Post DC. Inc | | | |
| 3. Principal Office Address | | City | State | Zip |
| 1130 Ten Rod Rd Suite D204 | | No. Kingstown | RI | 02852 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | | |
| 621310 | Chiropractic Health Care | | | |
| 5. State of Incorporation | | | | |
| RI | | | | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | | | Vice-President Name | | |
|---|---|---|---|---|---|
| Alan R. Post DC | | | | | |
| Street Address | | | Street Address | | |
| 374 Gilbert Stuart Rd | | | | | |
| City | State | Zip | City | State | Zip |
| Saunderstown | RI | 02874 | | | |
| Secretary Name | | | Treasurer Name | | |
| | | | | | |
| Street Address | | | Street Address | | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| | | | | | |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| Director Name | | | Director Name | | |
|---|---|---|---|---|---|
| Christine Post Sec-Treasurer | | | | | |
| Street Address | | | Street Address | | |
| 374 Gilbert Stuart Rd | | | | | |
| City | State | Zip | City | State | Zip |
| Saunderstown | RI | 02874 | | | |
| 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 ☐ | | |
|---|---|---|---|
| **This information is currently of record in the Department of State.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **Changes require an additional filing.** | 100 | Non-Par | 0 |
| | | | |

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 |
|---|---|
| Alan R. Post DC. | 8/24/19 |

Signature of Authorized Representative

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