STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Divisi
100 North Main Stre
Providence, RI 02903-13
401.222.30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No	2. Name of Corporation			
141036	Manzolillo Chiropractic Center, Inc.			
3. Street Address Principal Business Office: 280 Broadway		City: Providence	State: RI	Zip: 02903
4. Business Phone No.: (401) 273-0046	5. State of Incorporation: RHODE ISLAND			6. SIC Code:

7. Brief Description of the Character of Business Conducted in Rhode Island
RENDERING CHIROPRACTIC CARE

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
luigi Manzolillo	17 Rollinghoods Dr	Johnston	RI	02919

Vice President Name	Street Address	City	State	Zip
luigi Manzolillo	17 Rollinghoods Dr	Johnston	RI	02919

Secretary Name	Street Address	City	State	Zip
luigi Manzolillo	17 Rollinghoods Dr	Johnston	RI	02919

Treasurer Name	Street Address	City	State	Zip
luigi Manzolillo	17 Rollinghoods Dr	Johnston	RI	02919

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000		$1.00 PAR VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

Number of Shares	Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor
including any accompanying schedules and statements, and that all statemen
contained herein are true and correct.

luigi Manzolillo & Pres 11/6/05
Signature of Officer *Date*

luigi Manzolillo
Print or Type Name of Officer

President
Title of Officer

[redacted]

File Date 1/10/05
Check No. 1127
By: VS

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03