

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1	- March J • F	iling Fee: \$50.00			
(FORM MUST BE TYPED IN					
1. Corporate ID No.	2. Name of Corpo		IC DAIN CONTROL OU		
19547		AND CHIROPRACT	IC PAIN CONTROL CLI	NIC, INC.	
3. Street Address Principal Bus		^-	City	State	Zφ
1524 ATWOOD AVEN	UE, SUITE 21		JOHNSTON	RI	02919-
		5. State of Incorpora			6. SIC Code
4012749355		RHODE ISLAI	טא <u></u>		9274
7. Brief Description of the Cha CHIROPRACTIC	racter of Business Can	ducted in Rhade Island			
8. NAMES AND ADDRES	SSES OF THE OF	FICERS ("X" BOX FOR	ATTACHMENT) FILL IN S	PACES BEFORE USING AT	TACHMENTS
President Name	_	•	Vice President Name	,	
JOSEPH LANCELLOTT	'1		WILLIAM LANCEL	LOTTI	
Street Address			Street Address		-
1524 ATWOOD AVENU	· <u> </u>			ENUE, SUITE 210A	·
City JOHNSTON	State	Żφ	City	State	Zip
Secretary Name	RI	02919	JOHNSTON	RI	02919
MICHELE LANCELLOT	100 T		Treasurer Name	• • • • • • • • • • • • • • • • • • • •	
	T1	· · · · · · · · · · · · · · · · · · ·	MICHELE LANCEL	LOTTI	
Street Address		.=	* Street Address		
1524 ATWOOD AVENU			·····	ENUE, SUITE 210A	
City	State	Ζφ	City	State	Zip
JOHNSTON	RI	02919	. JOHNSTON	RI	02919
9. NAMES AND ADDRES Director Name	SSES OF THE DIR	ECTORS ("X" BOX FO	RATTACHMENT) FILL IN	SPACES BEFORE USING.	ATTACHMENTS
f			, Director Name		
JOSEPH LANCELLOTTI		•	WILLIAM LANCELLOTTI		
Street Address		_	· Street Address		
1524 ATWOOD AVENU			1524 ATWOOD AV	ENUE, SUITE 210A	
City	State	Zip	·City	State	Zip
JOHNSTON	JRI	02919	JOHNSTON	RI	02919
Director Name			Director Name		
MICHELE LANCELLOT	T1		<u> </u>		
Street Address			Street Address		
1524 ATWOOD AVENU	Siate		•		
JOHNSTON	RI	<i>Zip</i> 02919	.City	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR	ATTACHMENT)		X" BOX FOR ATTACHMEN	חם
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES	101 5	
Transcring States	Ciadiseries	Far raive	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			300	COMMON	NO PAR VALUE
This report must be sign	ed in ink by eith	er the President, Vice	President, Secretary, Ass	istant Secretary, Treasi	rer, Receiver or Trustee
			•	,,	•
OI ITTID INTEL MI	ni aten ira				•
					_
	ine dinna (din				
1 7 3	• 1		Under penalty of p	erjury, I declare and affirm	that I have examined
			this report, including	ng any accompanying school	ules and statements,
19547 DBC ₁ 01/08/05	05:26:39 PM	1	and that all stateme	ents contained herein are tru	re and correct.
File Date 2 1510	<u>) </u>	_	1/9m:1	11/22	1/20/15
1/20=		_ 1	Signature of Officer	<u> </u>	Oate
Check No. 433		_ [ANCELLOTTI [*]	
. ^		_	Print or Type Name of		
B_{V} $\left\langle \cdot \cdot$		_		• •	
FOR SECRETARY OF STATE	USE ONLY		PRESIDEN	N I	
	· · · · · · · · · · · · · · · · · · ·		Title of Officer		Form 630 12/01



FOR SECRETARY OF STATE USE ONLY

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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _______ 2004.

Filing Period: January 1 - Ma (FORM MUST BE TYPED OR PRINT		g Fee: \$50.00			
1. Corporate ID No.	2. Name of Corporation		· · · · ·	<u>-</u>	
19547	1 ' '	CHIROPRACTIC PAIN CO	ONTROL CLINIC, INC.		
3. Street Address Principal Business O		<u> </u>	Gity	State	Zip
15 24 ATW	100D A	LVR STEDIO	TUHNSTUN	$\rho \mathcal{I}$	09919
4. Business Phone No.	2 - (5. State of Incorporation			6. SIC Code
	3 <i>55</i>	RHODE ISLAND			9274
7. Brief Description of the Character of CHIROPRACTIC	f Business Conducted in	Rhode Island			
	OF THE OFFICERS	. /"V" DOV EOD ATTAC	CHARACTA THE ELLINGBAC	ES BEFORE USING AT	TACHMENTS
8. NAMES AND ADDRESSES President Name	OF THE OFFICERS	i; (X BOX FOR ATTAC	Vice President Name	LS BEFORE COMO M	TROINIZIVIO
TOSOPH LANG	e110++1	/- -	IN. 111Am 1	ANCello to	ト ブ
Sireel Address	<u> </u>		Street Address	1 .	7
37 AILLIAN	\mathcal{A} $\mathcal{E}d$		05 Kun	I Wirved	Pa .
City	State	Zip	City	State	ZIP
NoscithAle.	[R.Z	10482>	F. Sreenwy	<i>ሊፓ</i>	100818
Secretary Name	ANCEI	1. + 1 =	Treasurer Name	11101/10	(~ ~
Street Address	<u> </u>	OTT	Street Address	NW(ellit	7.5
579 ELINGIP	uve AVR			rue sue	· ·
City	State	C 2906	City	Siaic	Zip
pruvinence	RI	1 -	PRWIDENLE	CTC BEFORE HEINC	10 2 906
Director Name	OF THE DIRECTO	RS: ("X" BOX FOR ATT.	Director Name	ACES BEFORE USING	ATTACHMENTS
	-cellut	77	William D	weilotta	
Street Address			Street Address	<u> </u>	
37 AIZLAN	A Rd		· · · · · · · · · · · · · · · · · · ·	WOUL PA	72/2
N.Scituate	State	0 d f 5 7	B. STERNWICH	State R.F	21p
Director Name	,	<i>1</i> .	Director Name		
Michele LA	welle	<u>ナナた</u>		·	
Street Address			Street Address		
579 Elm (State	T2/m	City	State	Zip
PRUV	7 7	0.7 90 b	: Cny :	State	[E-17
10. SHARES AUTHORIZED	•		: 11. SHARES ISSUED ("X"	I BOX FOR ATTACHME	ן דא:ּ(<i>דא</i> :
AUTHORIZED SHARES	,	, , ,	ISSUED SHARES		, 0
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			100		nene
	<u> </u>			<u> </u>	
This report must be s	igned in ink by cit	her the President, Vice Pr	esident, Secretary, Assistant S	ecretary, Treasurer, Rec	ceiver or Trustee
	I O TOBRI TARA SHANI TARA I TARA				have examined this reporents, and that all statement
· · · · · · · · · · · · · · · · · · ·	9-5-4-7 *	7	contained herein are true		ema, and that an atatemen
File Date 2 6 04		1	1 /	Class	1111/12
rine vale			Signature of Officer	<u> </u>	Date
Check No. 3765			0 7.00 10	WICHOYTA	
14			Print or Type Name of Offi		
By:		. 	rim or type wame of Offi	/	

Title of Officer

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

401-222-3040

Filing Period: January	y 1-March 1 •	Filing Fee: \$50.00			INSTRUCTION
(FORM MUST BE TYPED OR PRIN					
1. Corporate ID No. 19547	2. Name of Corporati		CONTROL CURIE INC		
3. Street Address Principal Business		ND CHIROPRACTIC PAIN	CONTROL CLINIC, INC.	State	Zip
· · · · · · · · · · · · · · · · · · ·	dwy		PRUVINENE	اک این	07909
4. Business Phone No.	-accorg	5. State of Incorporation	11-0011111	107	6. SIC Code
2797100		RHODE ISLAND			9274
7. Brief Description of the Characte	er of Business Conducted in				3214
CKITURR	e ne tii'				
8. NAMES AND ADDRES		CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEF	ORE USING ATTACHMI	ENTS
President Name			Vice President Name		
Street Address	ELHN(Eil		JC LANCE	しょナナチ	
65 Laurel	Wood P.	ine	37 Ash Lund	Rel	715
E. Drumm	ၨቴ ^{3™} ሌር	0 28 18	L Coduade	State R.D.	OF BE
Sacratory Name			P. S. Junte	, - 2	• • • • • • • •
Michola 10	mullell	ì			
Street Address			Street Address		
5 dy Elmbr	uve				
City	State	Zip	City	State	Zip
PRUD	VI.	07909			
9. NAMES AND ADDRES	SSES OF THE DIRE	CTORS ("X" BOX FOR ATTAC		EFORE USING ATTACH	MENTS
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		•
Street Address			Street Address		
Stitte Mauricas			Street Manage		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	ED (*x* box for atta	CHMENT)	11. SHARES ISSUED (*X* 8	OX FOR ATTACHMENT)	
AUTHORIZED SHARES			ESSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			100	ymmu	no par
This report must be sign	ned in ink by eith	er the President, Vice P	resident, Secretary, Assistar	nt Secretary, Treasurer,	Receiver or Truste
l Ifa	 	1111			
		1111			

	* 1 9 5 4 7 *
lle Date:	4-16-03
heck No.:	3304
<i>"</i>	ae

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

tint or type	Name of	Officer		
U u	Pr	esident		
ttle of Office	PF		 	

Form 630 12/02

(FORM MUST BE TYPED IN BLACK)

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20 Filing Period: January 1~March 1 • Filing Fee: \$50.00

2002

STOP PLEASE READ

I. Corporate ID No.	2. Name of Corporat	lion			_
19547 3. Street Address Principal Business (office RHOI	E ISLAND CHIROP	PRACTIC PAIN CONTR	OLCLINIC, IN	C. _{Zip}
371 BROADWAY		5. State of Incorporation	PROVIDENCE	RI	02909 6. SIC Code
401-274-5100 Rice Description of the Character	of Business Conducted li	RHODE ISL	AND		9274
CHIROPRACTIC PHB. NAMES AND ADDRESS President Name	TYSICIANS		MENT) FILL IN SPACES BEFO	ORE USING ATTACH	MENTS
WILLIAM E. LANC	ELLOTTI, JR		JOSEPH L. LANCELI	LOTTI	
65 LAUREL WOOD	DRIVE	Zip	37 ASHLAND ROAD	State	Zip
E. GREENWICH	RI	02818	N. SCITUATE	RI	02857
MICHELLE LANCE	LLOTTI		JOSEPH L. LANCELI	LOTTI	
579 ELMGROVE	State	Zip	37 ASHLAND ROAD	State	Zip
PROVIDENCE P. NAMES AND ADDRESS Director Name	RI SES OF THE DIRE	02903 CTORS ("X" BOX FOR ATTAC	N. SCITUATE CHMENT) FILL IN SPACES BE Director Name	RI FORE USING ATTAC	02857 CHMENTS
WILLIAM E. LANC	ELLOTTI, JR		JOSEPH L. LANCEL	LOTTI	
65 LAUREL WOOD	DRIVE	Zip	37 ASHLAND ROAD	State	Zip
E. GREENWICH.	. RI	.02818	N. SCITUATE.	. RI	02857
MICHELLE LANCE	ELLOTTI		Street Address		
579 ELMGROVE	State	Zip	City	State	Zip
PROVIDENCE 10. SHARES AUTHORIZEI	RI O ("X" BOX FOR ATTA	02903 ACHMENT)	11. SHARES ISSUED ("X" BO	DX FOR ATTACHMENT)	
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHARES	COMMON	NO PAR VALUE	. 100 SHARES	COMMON	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: _	3-1-02	
	2825	
Ву:	20	· · · · ·
FOR SECRE	TARY OF STATE USE ONLY	

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.

Signature of Officer to formallet 2/25/0 a

JOSEPH LANCELLOTTI, VICE PRESIDENT

Print or Type Name of Officer

Title of Officer

Form 630 12/01



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00



FORM MUST BE TYPED IN	HUCK) [] U Le]	Palawd			
1. Corporate ID No.	2. Name of Corporation	, ,	80. 6 4	1 (1)	
3. Street Address Principal Bus	iness Office	NO PRACTIC	City.	rul Climic, F	PC.
371 B CO	ADW AY	5. State of incorporation	PRUVIDEN	re R-D	CJ909 6. SIC Code
401 2) 4	5 100 racter of Business Copducted in Ri	ん, エ・ hode Island			92>4
Chicop					
	RESSES OF THE OFFICE	E RS ("X" BOX FOR ATTACHM			
President Name	n		Vice President Name		
JOSEPH C	ANLELLOT	T-3	Street Address	LANCE IL OT	
37 ASL L	AWN RD	Zip	City 65 Lower	el wood L	CAN
N.SC 1. tu 14 te		01857	E, Greewa	ich RF	0 28 18
·	LANCEL	しのナアア	Street Address	ANCELLUTTA	
579 EL	m b rove	Zip	STA FIN	n G-FUV&	Zip
PILOUIDEN	ce RI	02800	Prov	K \$	01906
9. NAMES AND ADD Director Name ,	RESSES OF THE DIREC	TORS ("X" BOX FOR ATTAC	:HMENT) Director Name		
w\	A No	1 pe			
Street Address	/)	, -	Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Z.ip	City	State	Zip
10. SHARES AUTHOR	RIZED (*x* box for attac	HMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ESSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Sertes	Par Value
/00	Common	mo pour	100	ammen	mo pm

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, a that all statements contained herein are true and correct.	
File Date:	Signature of Officer Date Date	<u> </u>
Check No.:	Print or Type Name of Officer	
FOR SECRETARY OF STATE USE ONLY	Tule of Officer	



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PITASE READ INVERGETIONS

(FORM MUST BE TYPED IN BE	LACK)				
1. Corporate ID No.	2. Name of Corpora	ition	· - · -		
19547		nd Chiropractic P	ain Contol Clinic	c, Inc.	
3. Street Address Principal Busine	ss Office		City	State	Zip
371 Broadway 4. Business Phone No.		5. State of Incorporation	Providence	RI	02909 6. SIC Code
401-274-5100 7. Brief Description of the Charac.	ter of Business Conducted	Rhode Island			9274
Chiropractic					
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTA	CHMENTS
Dr. William E. La Street Address	ancellotti, S	r.	Dr. Joseph L. I	ancellotti	
10 Brookwood Driv	ve		146 Winsor Aver	nue	
City	State	Zip	City	State	Zip .
Johnston . Secretary Name	RI.	02919	Johnston Treasurer Name	RI	02919
Dr. William E. Le Street Address	ancellotti, J	r.	Dr. Michele L.	Lancellotti	· ·
10 Brookwood Driv	ve		579 Elmgrove Av	renue	
City	State	Zip	City	State	T Zip
Johnston	RI	02919	Providence	RI	02906
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE Director Name	ČĒS BEFORE USING AT	TACHMENTS
Dr. William E. Le Street Address	ancellotti, S	r.	Dr. Joseph L. I	ancellotti	
10 Brookwood Driv	ve		146 Winsor Aver	nue	
City	State	Zip	City	State	Zip
Johnston Director Name	RI	02919	Johnston Director Name	RI	02919
Dr. William E. Le Street Address	ancellotti, J	r.	Dr. Michele R. Street Address	Lancellotti	• •
10 Brookwood Driv	<i>v</i> e		579 Elmgrove Av	renue	
City	State	Zip	City	State	Zip
Johnston	RI	02919	Providence	RI	02906
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ISSUED SHARES	(*X* BOX FOR ATTACHMEN	it)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	common	no par	100	common	no par
			· — —		
This report must be sig	ned in ink by eitl	ner the President, Vice	President, Secretary, As	sistant Secretary, Trea	surer, Receiver or Trustee

File Date:	66. LIJ ET P7 JEN
Check No.: P.15 (2. Q. Q. 4200	
By: 17 23 00	05N15038
FOR SECRETARY OF STATE USE ONLY	

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.

Willem & Pymoloth	12.3.89
Signature of Officer	Date

William E. Lancellotti, Sr.
Print or Type Name of Officer

President

Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

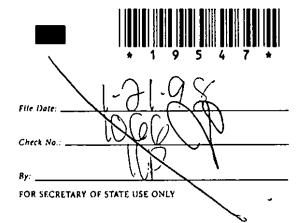
1. Corporate ID No. 19547	2. Name of Corporati RHODE ISLA	and Chiropractic P	AIN CONTROL CLI	NIC,INC.		
1. Street Address Principal Busine	ss Office		City	State		Zip
1126 HARTFORD F. Business Phone No.	AVENUE	5. State of Incorporation RHODE ISLAND	JOHNSTON	RHODE	ISLAND	02919 6. SIC Code 9274
401-274-5100 7. Brief Description of the Charac	ter of Business Conducted In					OL/ 4
CHIROPRACTIC B. NAMES AND ADDRE	SSES OF THE OFFIC	CERS ("X" BOX FOR ATTACHM	IENT) Vice President Name			
DR. WILLIAM E.	LANCELLOTTI,	SR.	DR. JOSEPH L.	LANCELLOTTI		
10 BROOKWOOD D	RIVE		146 WINSOR AVI	ENUE		
City	State	Zip	City	State	•	Zip
JOHNSTON Secretary Name	RI .	02919	JOHNSTON Treasurer Name	RI .		02919
DR. WILLIAM E.	LANCELLOTTI,	JR.	DR. MICHELE R	. LANCELLÖTTI		
10 BROOKWOOD D	RIVE State	Zíp	579 ELMGROVE	AVENUE State		Zip
JOHNSTON 9. NAMES AND ADDRI Director Name	RI ESSES OF THE DIRE	02919 CTORS ("x" BOX FOR ATTAC	PROVIDENCE HMENT) Director Name	RI		02906
DR. WILLIAM E.	LANCELLOTTI,	SR.	DR. JOSEPH L.	LANCELLOTTI		·
10 BROOKWOOD D	RIVE State	Zip	146 WINSOR AV	ENUE State		Zip
JOHNSTON Director Name	RI	02919	JOHNSTON Director Name	RI		02919
DR. WILLIAM E.	LANCELLOTTI,	JR.	DR. MICHELE R	. LANCELLOTT	Ĭ	
10 BROOKWOOD D	ORIVE State	Zip	579 ELMGROVE	AVENUE State		Zip
JOHNSTON	RI	02919	PROVIDENCE	RI		02906

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

ESSUFED SHARES

100

Number of Shares



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

Class/Series

Par Value

AUTHORIZED SHARES

100 SHS NO PAR VAL

Number of Shares

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.

Date

Class/Series

COMMON

Par Value

NONE

DR. JOSEPH L. LANCELLOTTI

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

Print or Type Name of Officer

VICE PRESIDENT

Title of Officer

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

iling Period:	January	1-March 1	•	Filing	Fee:	\$50.00
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FORM MUST BE TYPED IN B.	n .				131
1. Corporate ID No. 1954. 0 5-0381825		Chiropractic	Pain Control Clinic	, Inc.	
3. Street Address Principal Busine		•	City	State	Zip
1126 Hartford A	venue		Johnston	Rhode Island	02919
4. Business Phone No.	•	5. State of Incorporation			6. SIC Code
401-274-5100		Rhode Island			9274
7. Brief Description of the Charac	ter of Business Conducted in Rhod	le Island			
Chiropractic					
B. NAMES AND ADDRE	ESSES OF THE OFFICER	S (*X* BOX FOR ATTACH	MENT) Vice President Name		
Dr. William E.	Lancellotti, Sr.		Dr. Joseph L. Land	cellotti	
Street Address	-		Street Address		
10 Brookwood Dr	ive		146 Winsor Avenue		
Ciry	State	Zip	City	State	Zip
Johnston Secretary Name	Rhode Island	02919	Johnston Treasurer Name	Rhode Island	02919
Dr. William E.	Lancellotti, Jr.		Dr. Michele R. La: Street Address	ncellotti	
10 Brookwood Dr	ive		579 Elmgrove Aven	ue	
City	State	Zip	City	State	Zip
Johnston	Rhode Island	02919	Providence	Rhode Island	02906
9. NAMES AND ADDRE Director Name	ESSES OF THE DIRECTO	ORS ("X" BOX FOR ATTA	CHMENT) Director Name		
Dr. William E.	Lancellotti, Sr.		Dr. Joseph L. Lan	cellotti	
10 Brookwood Dr	ive		146 Winsor Avenue		
City	State	Zip	City	State	Zip
Johnston Director Name	Rhode Island	02919	Johnston Director Name	Rhode Island	02919
Dr. William E.	Lancellotti, Jr.		Dr. Michele R. La	ncellotti	
10 Brookwood Dr	ive		579 Elmgrove Aven	ue	
City	State	Zip	City	State	Zip
Johnston	Rhode Island	02919	Providence	Rhode Island	02906
10. SHARES AUTHORIZ AUTHORIZZED SHARES	ZED AND ISSUED (*X* BO	OX FOR ATTACHMENT)	ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	Common	None	100	Common	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

		Under penalty of perjury, I declare and affirm that I have examined
ماممامه	10 101 50 1	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
File Date: 4 3 97		On Joseph & Learner State 9/22/97
Check No.: 188 257	<u>. </u>	Signatur of Officer Dr. Joseph L. Lancellotti
ву:		Film or Type Name of Officer Vice President
FOR SECRETARY OF STATE USE ONLY		Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island (02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

CORPORATE ID NO.	1 2. NAME OF CORPORATION	PLEASE TYPE OR I	PRINT IN BLACK INK.		
19547	RHODE	ISLAND CHIROPRA	CTIC PAIN CONTROL	CLINIC,	. ZIP COO€
	tford are		ナロサルトナロい	RI	0879
BLÍSINESS PHOYE NO.		5. STATE OF INCORPORATION		<u></u>	6. SIC CODE
401 274		RHODE IS	LAND		9274
	TER OF BUSINESS CONDUCTED IN RHOOS I	SLAND			
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	practor				
ESIDENT NAME	8 . NA	MES AND ADDR	ESSES OF THE OF	FICERS	
	F LANCE	11 (1+++ ST	DJOE LAIJC	EU utt t	
		<u> </u>	.1		···
10 Brank	World DA	ZiP CODE	146 W//V	SOR AVE	ZIP CODE
JOHNSTU		02919	TOHNSTON	RI	0299
	1 11	₩.	TREASURED HOME U. U. pur	uli ,	41
1) a Mahul	<u>Lanull</u>	vW	STREET ADDRESS	Lanul	tts
1126 Ha	Afril ar		JOHNSTON TREET ADDRESS ONV 51 REFT ADDRESS ONV 6 S SCILLIA	te are	
TOHN STO)		STATE 12	ZIP COOE
70110 570		0 9 9 19 MES AND ADDR	ESSES OF THE DI		09831
RECTOR NAME	<u> </u>		DIRECTOR NAME		· · · · · · · · · · · · · · · · · · ·
REET ADDRESS			STREET ADDRESS		
Υ	STATE	ZIP CODE	άιγ	STATE	ZIP COOE
ECTOR NAMÉ			DIRECTOR NAME		
REET ADDRESS			STREET ADDRESS		
γ	STATE	20° COSE	†an	STATE	ZIP COOE
					·
	10. S	ARES AUTHOR	IZED AND ISSUED		
MUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	MUMBER OF SHARES	ISSUED SHARES CLASS/SERIES	PARVALUE
		TOTAL PROPERTY.		1000 1 201E3	PRX VALUE
100 SHS 1	O PAR VAL		100		
			•		
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			1		

File Date: Check No: Ву: For Secretary of State Use Only

Print or Type Name of Officer

Title of Officer President

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street

Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1

Filing Fee \$50.00 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:	Annual Report for the year:
RHODE ISLAND CHIR	OPRACTIC PAIN CONTROL CLINIC,
Name of Corporation: Business entity organized under the laws of the State of: For foreign entity, address and telephone number of principal office:	Business Entity is (check one): [] Business Corporation (See RIGL Chapter 7-1.1)
	Professional Service Corporation (See RIGL Chapter 7-5.1)
	Brief statement of the character of business conducted in Rhode Island:
Phone: ()	^
Address and telephone of the principal office of business entity in Rhode	CHIROPRACTIC PHYSICIANS OFFICES
Island (Provide syeet address - Not P.O. Box):	
JOHNSTON RI 02919	
Phone: (40/) 274-5100	
Phone: Vyo/ 2 /V/ 1 O.1 V	
	S OF THE OFFICERS ARE:
Activity by the state of the st	
VICE PRESIDENT OS	TREET ADDRESS ZIF CODE
DR. WILLIAM (LANCE/LOTT) JR. 68 SCA	TREFT ADDRESS SUPERTARE SU
DR. JOSEPH L. LANCE/1.Hi 146 WI	INSOR AVE. JOHNSTON, R.I. 02919
TREASURER	REET ADDRESS ZIP CODE
DR. MICHELE R. LANCE/16H; 189 E/	MERONE AVE. PROU. K.I. 02906
NAME	CITY STATE ZIP CODE
	OOK WOOD DRIVE JOHN STOW Y. I. 03919 TREET ADDRESS THEET ADDRESS THE TABLE TO THE T
3	TREET ADDRESS CITY/STATE / 7/P CODE
NAME S	TREET ADDRESS CHY/STATE ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares Class / Series	Number of Shares Class / Series
100 NO PAR VALUE	0
Date	In William Charcellott A.
Form 31 1/95	RINT OUTSPE NAME AN OH WER SUISING ITLE OF OFFICER SIGNING
	ED AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the registered office and/or registered agent indicate	

DR WILLIAM E. LANCELLOTTI

1126 HARTFORD AVENUE NOTZMHQU

RI 02919

FER 1 4 1995 Dr. J 13660

Filing Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE or PRINT

File Annually LLC: Sept. 1 - Nov. 1 CORP. Jan. 1 - March 1

State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID	Annual Report for the	1994
Name of Business Entity:	•	D CHIROPRACTIC PAIN CONTROL C
Business entity organized under the laws of the State of:.		
Federal Taxpayer Identification Number	[x] Profe	ness Corporation (See RIGL Chapter 7-1.1) ssional Service Corporation (See RIGL Chapter 7-5.1) red Liability Company (See RIGL 7-16)
	Name, title and in communications i	nailing address of contact person to whom may be directed liam E. Lancellotti; Director
Phone (-1.	rt.ford <u>Avenue</u> n, R.I. 02919
Address and telephone of the principal office of business Island (Provide street address - Not P O. Box): 1126 Hartford Avenue	Brief statement of	f the character of business conducted in Rhode Island: actic Physicians Offices
<u>Johnston, R.I. 02919</u> 401 274-5100	Date of Organiza	6/20/78
Phone: (401 274-5100		tion to do business in Rhode Island (if foreign entity)
[] CHIEFFERECETIVE OFFICER OR [] PRESIDENT ONE OF	THE NAMES OF THE OFFICERS AR	E: CITYSTATE ZIPCODY
Dr. William E. Lancellotti The paramagnature of grand messages of the operation of the ope	10 Brookwood Drive	Johnston, R.I. 02919
Dr. Michele R. Lancellotti	STREET ADDRESS 10 Brookwood Drive THE NAMES OF THE DIRECTORS AF	Johnston, R.I. 02919
Dr. William E. Lancellotti	STREET ADDRESS 10 Brookwood Drive STREET ADDRESS	Johnston, R.1. 02919 CTYSTATE 71PCODE
NAME	STREET ADDRESS	CHYATATE ZIPCUDA
NUMBER OF SHARES AUTHORIZED (If Applicab	number of sha	RES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 100	NUMBER	FILED
CLASS Common SERIES	CLASS SERIES	MAR 0 8 1994 By 1267873
PAR VALUE OR WITHOUT PAR No Par Value	PAR VALUE OR WITHOUT PAR	·-
Date 2/9/9419	Ву / <i>Кишие 9 ч</i>	ruma p
	<u>Dr. William E</u>	
	Vice President	<u> </u>
Form 31 1/94	STERED OR RESIDENT AGENT FOR	SERVICE OF PROCESS.

Filing Fee \$50.00	To be filed annually between January 1st and March 1st
COR 100	ind and Frovidence Flantations PORATIONS DIVISION NORTH MAIN STREET NCE, RHODE ISLAND 02903
Corporate ID 0019547	Annual Report for the year 1993
FIRST: The name of the corporation is	RHODE ISLAND CHIROPRACTIC PAIN CONTROL C
SECOND: It is incorporated under the laws	of RHODE ISLAND
THIRD: Character of business, briefly state	d, is PHYSICIANS OFFICES - CHIROPRACTIC
FOURTH: If foreign corporation, address of	its principal office
FIFTH: Business address in Rhode Island	1126 HARTFORD AVENUE, JOHNSTON 02919
SIXTH: Names and addresses of its director	s and officers: (Attach rider if necessary) fice Address (including number, street, zip code)
Dr. William E. Lancellotti Direct	or 10 Brookwood Drive, Johnston, R.I. 02919
	or
	or
Dr. William E. Lancellotti Preside	ent 10 Brookwood Drive, Johnston, R.I. 02919
Dr. William E. Lancellotti, Jr. Vice P Dr. Joseph L. Lancellotti Vice Dr. Michele R. Lancellotti Secreta	resident 68 Scituate Avenue, Scituate, R.I. 02831 President 146 Winsor Avenue, Johnston, R.I. 02919 10 Brookwood Drive, Johnston, R.I. 02919
Treasu	rer
SEVENTH: Number of Shares authorized:	Par Value
No. of Shares Class	or statement that shares are without Series par value
	PAID
EIGHTH: Number of Shares issued:	FEB 18 1993 Par Value
No. of Shares Class	or statement that SECY OF STATShares are without par value
Dated	R.I. Chiropractic Pain Control Clinic, Inc. (Name of Corporation) By Duce P
(Report must be signed by an officer)	Title President

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0019547	Annual Report for the y	ear1092
First: The name of	of the corporation is	RHODE ISLAND CH	IROPRACTIC PAIN CONTRO
SECOND: It is inco	rporated under the laws of	STATE of R.I.	
		CHIROPRACTIC OF	FFICES
FOURTH: If foreign	n corporation, address of its	principal office	
FIFTH: Business ad		1126 HARTFORD AVE	
		JOHNSTON, R.I. OZ	919
Name	d addresses of its directors at	Address (including numb	
DR. WM E HANG	CE//0/// Director 7	+ PRESIDENT 10 BROOK WOOL	
	Director	JOHNSTON,	K.I. 029/9
	Director		
	President		
DR. Wm. C. KANCELL DR. TOSEPH L. LAN	offi, TR. Vice Presi CElloffi Vice Presi Secretary	ident 68 Scituate AVE, Scit ident 146 WINSOR AVE, JOH	NSTON, R.I. 02831
	Treasurer		
SEVENTH: Number	r of Shares authorized: /	O	Par Value or statement that
No. of Shares	Class	Series PAID	shares are without par value
		JAN 2 4 1992	
EIGHTH: Number	of Shares issued:	SEC'Y OF STATE	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
Dated /	23 19 <i>92</i>	R. I. CHIROPRACTIC TAIN CON	itrol Clinic, Inc.
		By Saud & Corporation)	
Report must be	signed by an officer)	Title PRESIDENT	***************************************

Form 31 1/85

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0019547	Annual Report for the ye	ear1991
First: The name	me of the corporation is	RHODE ISLAND CHIRO	PRACTIC PAIN CONTROL
		of STATE OF R.I.	2055 C
THIRD. CHAIAC	cter of business, briefly state	a, is	((.5.)
FOURTH: If for	reign corporation, address of	f its principal office	
FIFTH: Busines		1126 HARTFORD Ave.	
		JOHNSTON, R.I. 029	9/9
	and addresses of its director		(Attach rider if necessary)
DR. WM. E. LAN	CEllatti Direct	office Address (including number or + PRESIDENT 10 BROOKW	OOD Or, JOHNSTON
•••••	Direct	or	02919
•••••••••••••••••••••••••••••••••••••••	Direct	or	•••••
	Preside		
DR. WM. E. LANG	(E//2Hi, JR. Vice P	resident 68 SCITUATE AVE., SCI TRESIDENT 146 WINSOR AVE.	TUATE, R.I. 02831
DR. JOSEPH L. LA	ANCE/loffi Secreta	AFY 146 WINSOR AVE.	JOHNSTAN, R.I. 02919
	Treasu	nrer	•••••
SEVENTH: Num	nber of Shares authorized:	100	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
		PAID	
Еібнтн: Numb	per of Shares issued:	FEB 4 1991	Par Value
No. of Shares	Class	SECHY, OF STATE	or statement that shares are without par value
Dated/-	2219 91.	R. I. CHIROPRACTIC PAIN (Name of Corporation)	y CONTROL CliNic, INC
		By end & fiel	2 4
(Report mus	t be signed by an officer)	Title TRESIDENT	

State of Rhode Island and Providence Plantations Corporations division 100 North main street PROVIDENCE. RHODE ISLAND 02903

Corporate ID 0013547	•••••	Annual Re	port for the year	1990	
First: The name of the corporation	n is	SHODE ISLA	NO CHIROPRAC	OTIC PAIN C	ONTROL
Second: It is incorporated under the	he laws of	Rhode Island	1		••••••••••
THIRD: Character of business, brief	ly stated, is	Physician O	ffices - Chi	ropractic	••••••
FOURTH: If foreign corporation, ad	dress of its pri	ncipal office			••••••
FIFTH: Business address in Rhode I	sland 11	26 Hartford A	Avenue, John	ston, R.I.	02919
SIXTH: Names and addresses of its	directors and o		ess (including number, stre	(Attach rider if nee	cessary)
William E. Lancellotti		10 Brookwood	Drive, John	ston, R.I.	02919
William E. Lancellotti	. Director	10 Brookwood	Drive John	ston R I	
William E. Lancellotti, Jr. Joseph L. Lancellotti			•	••••••••••••	•••••
· ······	Treasurer		•••••••		• • • • • • • • • • • • • • • • • • • •
SEVENTH: Number of Shares autho	rized:	Senes		Par Value or statement that shares are without par value	
Eighth: Number of Shares issued:			AIN 63	•	
No. of Shares Class		Series	y Or	shares are without par value	•
Dated 1-22- 19		ار Chiropras (ame of Corporation)	tic Pain Co	ntrol Clini	.cInc.
(Report must be signed by an officer) Ti	tle Presider	nt		•••••••

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

orporate ID	19547	Annual Report for the year 1989
	of the corporation is	RHODE ISLAND CHIROFRACIIC FAIN CONTROL ¥
SECOND: It is inco	orporated under the laws of	Rhode Island
Тнівр: Character	of business, briefly stated, is	Chiropractic and related business
FOURTH: If foreig	n corporation, address of its	principal office.
FIFTH: Business ac	ddress in Rhode Island3	71 Broadway, Providence, RI 02909
SIXTH: Names and	d addresses of its directors ar	nd officers: (Attach rider if necessary) Address (including number, street, zip code)
William E. La	ncelotti Director	371 Broadway, Providence, RI 02909
	Director	
	Director	
same	President	same
same	Vice President	dent same
same	Secretary	same
same	Treasurer	same
SEVENTH: Numbe	r of Shares authorized:	Par Value or statement that
No. of Shares	Class	Series shares are without par value
100	of Shares issued:	no par value
EIGHTH: Number	of Shares issued:	2 Par Value
No. of Shares	Class A	or statement that shares are without par value
100	common	no par value
ited	19	Rhode Island Chiropractic Pain Control Clinic, Inc (Name of Corporation) Βυ ε Ε Ε Ε Ε Ε Ε Ε Ε Ε Ε Ε Ε Ε Ε Ε Ε Ε Ε
(Report must be	signed by an officer)	Title PRESIDENT

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 1954	17	Annual Report for the ye	ear 198
FIRST: The name of	the corporation is	RHODE ISLAND CHIRDS	ROCTIC POIN CONT
801 CLINIC, IN	4C.		······································
SECOND: It is incorp	orated under the laws of	Bhade.	Leland
THIRD: Character of	f business, briefly stated, is	Chiropractic and a	celated
business			
FOURTH: If foreign of	corporation, address of its princi		
Fifth: Business add	ress in Rhode Island	371.BroadwayProv	
SIXTH: Names and a	addresses of its directors and offi	icers: Address (including numb	(Attach rider if necessary)
DrWilliam ELa	ncellotti. Director	371 Broadway Prov	ridenceyRI02909.
	Director		······································
······································	Director		
Same	President	Same	······································
Same	Vice President	Same	
···Same······	Secretary		
Same	Treasurer		•••••••••••••••••••••••••••••••••••••••
SEVENTH: Number of	of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
100	Соттоп	•. •. • • • • • • • • • • • • • • • • •	no par value
	Shares issued: Reo'd &	Filed APR 28 1988	Par Value or statement that shares are without
No. of Shares	PAID	Series	par value
100	Common 3 198	28	no par value
Dated		Rhode Island Chiro	nractic Pain
	SEC'Y. OF SEL	ATE COntrol Clir	o so
	g By A	ey a som ? full	W.A.
(Report must be sig	ned by an officer) Title.	••••••	

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

Corporate ID 19547	••••••	Annual	Report for the yea	r 1987
FIRST: The name of the corpo	ration is RHODE	ISLAND CHIRC	PRACTIC PAIN C	XXI
ROL CLINIC, INC.	•••••••••••••••••••••••••••••••			•
SECOND: It is incorporated un	der the laws of	Rhode	Island	
THIRD: Character of business,	briefly stated, is!	hiropractic a	nd related bus	iness
FOURTH: If foreign corporatio	n, address of its pri	ncipal office		
FIFTH: Business address in Rh	ode Island 371 B	roadway, Prov	idence, RI 029	09
SIXTH: Names and addresses of Name	of its directors and		ddress (including number,	(Attach rider if necessary)
Dr. William E. Lancellott	i Director	371 Broadwa	y, Providence,	RI 02909
·······	Director		•••••••••••••••••••••••••	
······	Director	.,		
Dr. William E. Lancellott	i President	371 Broadwa	y, Providence,	RI 02909
Dr. William E. Lancellott	i Vice Presider	nt		
Dr. William E. Lancellott	i Secretary	11	11	!!
Dr. William E. Lancellott	i Treasurer	11		11
SEVENTH: Number of Shares a	_	Scries A	100	Par Value or statement that shares are without
	Class	Senes &	PR 27	par value
100	COMMON	PAID	(47)	no par value
EIGHTH: Number of Shares iss	ued:	R 11 U8/	7	Por Value or statement that
No. of Shares	^C lase	Carias		shares are without par value
100	common .	Y OF STATE		no par value
Dated	· (N	ame of Corporation)	HIROPRACTIC PA	IN CONTROL CLINIC,
(Report must be signed by an o	•	tle Russ	dut	

State of Rhode Island and Frovidence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

Corporate ID19547.	•••••••••••••••••••••••••••••••••••••••	Annual Report	for the year1986
		1	IC PAIN CONT
RUL CLINIC, INC.	•		
SECOND: It is inco	rporated under the laws	ofRhode Isla	nd
THIRD: Character	of business, briefly state	d, is <u>chiropractic an</u>	d related business
FOURTH: If foreign	n corporation, address of	f its principal office	
FIFTH: Business ad	ldress in Rhode Island	One State Street, Prov	idence, RI
SIXTH: Names and	l addresses of its director		(Attach rider if necessary)
Dr. William E.	.Iancellotti Direct	or 371 Broadway, P	rovidence, RI
	Direct	or	
	Direct	or	
DrWilliam E.	Lancellotti Preside	ent same	
Dr. William E.			
	,	•	
	Lancellotti Treasu	irersame	
Seventh: Number	of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
100	common		no par value
France Manalana	-661 ' 1	PAID	
Eighth: Number of	of Shares issued:	APK - 9 1986	Par Value or statement that
No. of Shares	Class CEC	C'Y. OF STATE	shares are without par value
100	•	71. 01 01A12	
Dated weed 4	common 1986	RHODE ISLAND CE	no par value IROPRACTIC PAIN CONTROL CLINIC
Dated	ها ۱۶ ایسان ۱۹ ایسان	(Name of Corporation)	INC
Vann	29 ENTT	By 24 W ?	Lolope
(Report must be	signed by an officer)	Title soul Per	dit

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1985

FIRST: The name of the corporation is RHODE ISLAND CHIROPRACTIC PAIN CONTROL

. CLINIC, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is

CHIROPRACTIC AND RELATED

.... BUSINESS

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

371 Broadway, Providence, RI 02909

Sixth: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name

Add+ess

William E. Lancellotti

Director

371 Broadway, Providence, RI 02909

Director

Director

William E. Lancellotti

President

same as above

William E. Lancellotti

Vice President

same as above

William E. Lancellotti

Secretary

same as above

William E. Lancellotti

Treasurer

same as above

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

or statement that shares are without par value

No. of Shares

Class

Series

100

without par value

EIGHTH: Number of Shares issued:

Class

Series

Par Value or statement that shares are without par value

100

No. of Shares

common

without par value

1985

RHODE ISLAND CHIROPRACTIC PAIN CONTROL (Name of Corporation), CLINIC, INC.

By

OQ AX

RECEEVED MAR

1985

William E. Lancellotti President Title

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,

Form #9 must be filed, Please contact Corporation Division for information, 277-3040

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

RHODE ISLAND CHIROPRACTIC PAIN CONTROL FIRST: The name of the corporation is CLINIC, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Chiropractic and related

business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 371 Broadway, Providence, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Address Name

Dr. William E. Lancellotti 371 Broadway, Providence, RI

Director

Director

... Dr. William E. Lancellotti President 371 Broadway, Providence, RI

Dr. William E. Lancellotti Vice President 371 Broadway, Providence, RI

... Dr. William E. Lancellotti Secretary 371 Broadway, Providence, RI

Dr. William E. Lancellotti Treasurer 371 Broadway, Providence, RI (If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized: Par Value or statement that shares are without Series No. of Shares Class

No Par Value 100 Common

EIGHTH: Number of Shares issued:

Par Value or statement that shares are without Series

Class No. of Shares

> Common No Par Value

RHODE ISLAND CHIROPRACTIC PAIN CONTROL Dated:

(Name of Corporation) CLINIC, INC.

President (Report must be signed by an officer)

If the corporation has changed its registered office-and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

100

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

		Ann	ual Repo	rt for the yea	r 19.83	
First:	The name of the	corporation is				
RHODE IS	LAND CHIROPRACT	IC PAIN CONTROL	CLINIC,	INC.		
SECOND:	It is incorporate	ted under the la	ws of	RHODE ISLAN	TD	
THIRD:	Character of bus	iness, briefly stat	ed, is	CHIROPRACTI	C AND RELATED	
BU	SINESS.			-		
Fourth:	If foreign cor	poration, addres	s of its p	rincipal offic	е	
Г ІГТН:	Business addres	s in Rhode Islan	d (blank	reports will	l be mailed to this	
address) 15	Messenger Drive	, Warwick, Rhod	e Island	02888		
Sixth:	Names and add	resses of its dire	ctors an	d officers:		
	(Addresses must	Include street and n	umber, If a	any)		
N	ame	Office		Addre	e58	
DR. WILLIAM	E. LANCELLOTTI	Director	371 Bro	adway, Provi	idence, RI 02909	
		Director				
		Director				
DR. WILLIAM	E. LANCELLOTTI	President	371 Bro	adway, Prov	idence, RI 02909	
DR. WILLIAM	E. LANCELLOTTI	Vice President	371 Bro	adway, Prov	idence, RI 02909	
DR. WILLIAM	E. LANCELLOTTI	Secretary	371 Bro	adway, Prov.	idence, RI 02909	
	E. LANCELLOTTI pace is needed, att		371 Bro	oadway, Prov	idence, RI 02909	
SEVENTH	: Number of S	Shares authorize	d:		Par Value or statement that	
No. of Sha	res	Class	Serie	\$	shares are without par value	
100		Common			without par	
			JUL 1	3 1983		
Еіднтн:	Number of Sl	nares issued:	•		Par Value or statement that	
No. of Sha	res	Class	Serie	2.5	shares are without par value	
100	C	ammon ?		:	without par	
Dated:	7-6	19 83 REPODI	(Name of الام مد DR. WI e Pro	Corporation) LLIAM E. LAN sident	C PAIN CONTROL CLI	INIC, IN
If the c	orporation has cha	anged its registere	d office a	and/or its regi	istered agent,	

Filing fee; \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

		Annual Report for	the year 1982	· · · · · · · · · · · · · · · · · · ·
FIRST: The	name of the corporation	n is R.I. CHIROPRA	ACTIC PAIN CONT	ROL CLINIC, INC.
SECOND: It is	is incorporated under t	the laws of Rho	xde Island	
THIRD: Char	acter of business, brief	ly stated, is general	chiropractic	business.
FOURTH: If	foreign corporation, a	ddress of its princ	ipal office	
FIFTH: Busi	ness address in Rhode	Island (blank repo	orts will be mai	led to this
address) 376 Bro	adway, Providence, RI	.02909-1496		
Sixth: Nan	nes and addresses of it	s directors and offi	icers:	
	Addresses must include street	and number, if any)		
Name	Office		Address	
William E. Lancel	lotti Director	371 Broadway	y, Providence,	RI 02909
	Director			
	Director			
William E. Lancel	lotti President	same		
William E. Lancel	lotti Vice Presi	dent same		
William E. Lancel	lotti Secretary	same		
William E. Lancel (If additional space is a		same		
SEVENTH: N	Sumber of Shares auth	orized:	Par \	Value nent that
No. of Shares 100	Class common	Series	shares are par v without par	ralue
	,			
Eighth: Ni	umber of Shares issue	d:		Value
No. of Shares	Class	Series		gent that re without value
100	соттоп	11 2	without pa	ar value
Dated: Nov	9/ . 19 82 .	82 R.I. CHIROPRA (Name of Corporation	on)	ROL CLINIC, INC.
		Бубу	P. T. Olo	- /
NOV 1	21982	11V2	. Lancellotti,	
· 	<i>\$\bar{p}</i>	14		
if the corpor	ation has changed its re	gistered office and/or	r its registered a	agent.

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for Information. 277-3040

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Chode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

1981 ANNUAL REPORT

		OF		
	DR.	. WILLIAM E. LAN	CELLOTTI. F	PC
Pursuant to the pamended, the underside	orovisions ened corpo	of Section 7.1.1- eration hereby s	118 of the submits the	General Laws, 1956, as following annual report: E. LANCELLOTTI, PC
Second: It is in	corporate	d under the laws	of Rhode	Island
THIRD: The add	-			'eland is
376 Broadway, Provide and the name of its rules Joseph J. Rodio, Esquared	ence, RI egistered	02909 agent in Rhode	Island at su	ach address is
FOURTH: If a for country under the	-			principal office in the state
			•	
FIFTH: The cha	aracter of	the business in	which it is	actually engaged in Rhode
Island, briefly stated,	is genera	al chiropractic	business.	
SIXTII: The nar	nes and re	espective address	es of its dir	ectors and officers are:
William E. Lancellot	ti	Director	371 Broadu	way, Providence, RI 02909
William E. Lancellot		Director	same	
		Director		
William E. Lancellot	ti	President	same	
William E. Lancellot	ti	. Vice President	same	
William E. Lancellot	ti	Secretary	same	
William E. Lancellot	tî	Treasurer	same	
SEVENTH: The a by classes, par value of	ggregate n shares, sh	number of shares ares without par	which it has value,and se	authority to issue, itemized rics,if any,within a class,is:
Number of Shares	<u>c</u>	lass	<u>Series</u>	Par Value per Share or Statement that Shares are without Par Value
100	common		∞ 81 _	without par value
			3578A14	JUN 23 1981

Forir 31 11 80

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	or Statement that Shares are without Par Value
100	common		without par value

Dated 5-12 ,19 81 DR. WILLIAM E. LANCELLOTTI, PC (NAME OF CORPORATION)

President

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

		OF		
	DR. WILLIAM	E. LANCELLOTT	I, PC	
amended, the ı	to the provisions of S indersigned corporation The name of the corpora	hereby submits the	following	annual report:
SECOND:	It is incorporated unde	er the laws of RI	node Isla	nd
THIRD:	The address of its regist			
and the name o	fits registered agent in Joseph J. Rodio,			
	If a foreign corporation the laws of which it is in			
	The character of the bastated, is general			
				
Sivru. Th	e names and respective a	ddresses of its direc	etore and off	inare ara
	Name (Office	Addi	reas
William	E. Lancellotti Dire	etor 371 B	roadway,	Providence, RI
	Dire	ctor		
	Dire	ctor		
	. Dire	ctor		
	Dire	ctor		
	Dire			
	E_{\bullet} Lancellotti $Pres$			Providence, RI
William	${\tt E.}$ Lancellotti ${\tt Vice}$	President Same	as above	
William	E. LancellottiSecre	etary Same	as above	
William	E. Lancellotti Trea	surer Same	as above	
SEVENTH by classes, par	: The aggregate number value of shares, shares wi			
Number o	t Class	5.4	· 	Par Value per Share or Statement that Shares are without
Shares	Class	Serges (C)		Par Value
100	Common	. 🙀	· 100	N.P.V.
		202	v (080.

Form 31 12M 8-77

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	or Statement that Shares are without Par Value
100	Common	•	M.P.V.

Dated

March 1, 19 80 DR. WILLIAM E. LANCELLOTTI, P.C.

(NAME OF CORPORATION)

By Sa 202 & Colti- Pe

Ita President

Filing fee: \$15.00

Form 31 12M 8-77

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

		OF				
	DR. WILLIA	M E. LANCELL	OTTI, P.C.	LTD.		
amended, the First:	t to the provisions undersigned corpor The name of the co	of Section 7.1 ation hereby su	.1-118 of the bmits the foll r. William	Generowing	al Laws, 1956 annual report:	
SECOND:	It is incorporated	under the laws	of Rhode	Island	l	
THIRD:	The address of its a 376 Broadway, of its registered age Joseph J. Rod:	Providence nt in Rhode Isla	nd at such add	lress is		
	If a foreign corp the laws of which it		-	-		
	The character of stated, is general			-	•	hode
Sixth: T	he names and respec	etive addresses o	f its directors	and offi Addr		
William E.	Lancellotti	Director	371 Broady	ay, P	rovidence,	RI.
		Director				
		Director				
		Director				
	Lancellotti	President		*	rovidence,	
	Lancellotti	Vice President				
	Lancellotti	Secretary			rovidence,	
William E.	Lancellotti	Treasurer	371 Broad	ay, P	rovidence,	RI,
SEVENTH by classes, par	: The aggregate n value of shares, shar					
Number of Shares			Series	6	Par Value per Shar or Statement that Shares are without Par Value	e
100	commo	n		79	И.Р.И.	
				·155A14··		4 197

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	or Statement that Shares are without Par Value
100	common		y.P.V.

Dated March 1 ,19 79 Dr. William E. Lancellotti, P.C. Ltd. (NAME OF CORPORATION)

By a val & Call

Ha President