



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 2005**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 19547		2. Name of Corporation RHODE ISLAND CHIROPRACTIC PAIN CONTROL CLINIC, INC.			
3. Street Address Principal Business Office 1524 ATWOOD AVENUE, SUITE 210A		City JOHNSTON	State RI	Zip 02919-	
4. Business Phone No. 4012749355		5. State of Incorporation RHODE ISLAND			6. SIC Code 9274
7. Brief Description of the Character of Business Conducted in Rhode Island CHIROPRACTIC					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSEPH LANCELOTTI			Vice President Name WILLIAM LANCELOTTI		
Street Address 1524 ATWOOD AVENUE, SUITE 210A			Street Address 1524 ATWOOD AVENUE, SUITE 210A		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name MICHELE LANCELOTTI			Treasurer Name MICHELE LANCELOTTI		
Street Address 1524 ATWOOD AVENUE, SUITE 210A			Street Address 1524 ATWOOD AVENUE, SUITE 210A		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOSEPH LANCELOTTI			Director Name WILLIAM LANCELOTTI		
Street Address 1524 ATWOOD AVENUE, SUITE 210A			Street Address 1524 ATWOOD AVENUE, SUITE 210A		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Director Name MICHELE LANCELOTTI			Director Name		
Street Address 1524 ATWOOD AVENUE, SUITE 210A			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			300	COMMON	NO PAR VALUE

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



1 9 5 4 7

\*19547 DBC 01/08/05 05:26:39 PM\*

File Date 2/15/05

Check No. 4235

By W.

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.

Joseph Lancelotti 1/26/05  
Signature of Officer Date  
JOSEPH LANCELOTTI  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



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 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>19547</b>		2. Name of Corporation <b>RHODE ISLAND CHIROPRACTIC PAIN CONTROL CLINIC, INC.</b>			
3. Street Address Principal Business Office <b>1524 ATWOOD AVE STE 2100</b>		City <b>TOWNSTON</b>		State <b>RI</b>	Zip <b>02914</b>
4. Business Phone No. <b>401 274 9355</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>9274</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>CHIROPRACTIC</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Joseph LANCELOTTO</b>			Vice President Name <b>William LANCELOTTO</b>		
Street Address <b>37 Ashland Rd</b>			Street Address <b>65 Laurel Wood Dr</b>		
City <b>N. Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>E. Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>Michele LANCELOTTO</b>			Treasurer Name <b>Michele LANCELOTTO</b>		
Street Address <b>579 Elm Grove Ave</b>			Street Address <b>579 Elm Grove Ave</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>JOSEPH LANCELOTTO</b>			Director Name <b>William LANCELOTTO</b>		
Street Address <b>37 Ashland Rd</b>			Street Address <b>65 Laurel Wood Dr</b>		
City <b>N. Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>E. Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Director Name <b>Michele LANCELOTTO</b>			Director Name <b>Michele LANCELOTTO</b>		
Street Address <b>579 Elm Grove</b>			Street Address <b>579 Elm Grove</b>		
City <b>PROV</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>PROV</b>	State <b>RI</b>	Zip <b>02906</b>
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>100 NO PAR VALUE</b>			<b>100</b>		<b>none</b>

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



\* 1 9 5 4 7 \*

File Date	<b>2/6/04</b>
Check No.	<b>3765</b>
By:	<b>LB</b>
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.

**A. Lancelotto** **11/1/03**  
Signature of Officer Date  
**Michele LANCELOTTO**  
Print or Type Name of Officer  
**President**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

19547

2. Name of Corporation

RHODE ISLAND CHIROPRACTIC PAIN CONTROL CLINIC, INC.

3. Street Address Principal Business Office

371 Broadway

City

PROVIDENCE

State

RI

Zip

02909

4. Business Phone No.

2745100

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9274

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

CHIROPRACTIC

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

William F. Chavella #71

Street Address

65 Laurel Wood Drive

City

E. Greenwich

State

RI

Zip

02818

Secretary Name

Michelle Cannellotti

Street Address

524 Elm Grove

City

PROV

State

RI

Zip

02909

Vice President Name

JOE LAMIELLO #72

Street Address

37 Ashland Rd

City

P. Scituate

State

RI

Zip

00867

Treasurer Name

Street Address

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

no par

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



\* 1 9 5 4 7 \*

File Date:

4-16-03

Check No.:

3304

By:

Joe

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.

Joseph Cannellotti

Signature of Officer

Date

2/6/03

JOE CAVALLI #71

Print or Type Name of Officer

Vice President

Title of Officer

5

Form 630 12/02



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

19547

3. Street Address Principal Business Office

RHODE ISLAND CHIROPRACTIC PAIN CONTROL CLINIC, INC.

371 BROADWAY

4. Business Phone No.

5. State of Incorporation

PROVIDENCE

RI

Zip

02909

401-274-5100

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

RHODE ISLAND

9274

CHIROPRACTIC PHYSICIANS

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

President Name

Vice President Name

WILLIAM E. LANCELLOTTI, JR.

Street Address

JOSEPH L. LANCELLOTTI

Street Address

65 LAUREL WOOD DRIVE

City

State

Zip

37 ASHLAND ROAD

City

State

Zip

E. GREENWICH RI 02818

Secretary Name

N. SCITUATE

Treasurer Name

RI

02857

MICHELLE LANCELLOTTI

Street Address

JOSEPH L. LANCELLOTTI

Street Address

579 ELMGROVE

City

State

Zip

37 ASHLAND ROAD

City

State

Zip

PROVIDENCE RI 02903

N. SCITUATE RI 02857

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

Director Name

Director Name

WILLIAM E. LANCELLOTTI, JR.

Street Address

JOSEPH L. LANCELLOTTI

Street Address

65 LAUREL WOOD DRIVE

City

State

Zip

37 ASHLAND ROAD

City

State

Zip

E. GREENWICH RI 02818

Director Name

N. SCITUATE RI 02857

Director Name

MICHELLE LANCELLOTTI

Street Address

Street Address

579 ELMGROVE

City

State

Zip

City

State

Zip

PROVIDENCE RI 02903

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 SHARES COMMON NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

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

Check No.: 2825

By: ec

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.

Joseph L. Lancellotti 2/25/02  
Signature of Officer Date  
JOSEPH LANCELLOTTI, VICE PRESIDENT

Print or Type Name of Officer

Title of Officer

5

Form 630 12/01



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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 BLOCK)

1. Corporate ID No. 19547 2. Name of Corporation Rhode Island  
050381825 R.I. Chiropractic Pain Control Clinic, FNC.  
3. Street Address Principal Business Office City State Zip  
371 BROADWAY PROVIDENCE R.I. 02909  
4. Business Phone No. 5. State of Incorporation 6. SIC Code  
401 274 5100 R.I. 9274

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

Chiro PRACTIC

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

JOSEPH LANCELOTTO

Street Address

37 ASHLAND RD

City State Zip  
N. Scituate RI 02857

Secretary Name

Michele LANCELOTTO

Street Address

579 ELM GROVE

City State Zip  
PROVIDENCE RI 02906

Vice President Name

William LANCELOTTO

Street Address

65 Laurel Wood Lane

City State Zip  
E. Greenwich RI 02818

Treasurer Name

Michele LANCELOTTO

Street Address

579 Elm Grove

City State Zip  
PROV RI 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

N/A NONE

Street Address

City State Zip

Director Name

N/A NONE

Street Address

City State Zip

Director Name

N/A NONE

Street Address

City State Zip

Director Name

N/A NONE

Street Address

City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

100 Common no par

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

100 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: 9/7

Check No.: 2190

By: [Signature]

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.

[Signature] 8/28/00  
Signature of Officer Date

JOE LANCELOTTO  
Print or Type Name of Officer

President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.		2. Name of Corporation							
19547		Rhode Island Chiropractic Pain Control Clinic, Inc.							
3. Street Address Principal Business Office		City	State	Zip					
371 Broadway		Providence	RI	02909					
4. Business Phone No.		5. State of Incorporation		6. SIC Code					
401-274-5100		Rhode Island		9274					
7. Brief Description of the Character of Business Conducted in Rhode Island									
Chiropractic									
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS									
President Name		Vice President Name							
Dr. William E. Lancellotti, Sr.		Dr. Joseph L. Lancellotti							
Street Address		Street Address							
10 Brookwood Drive		146 Winsor Avenue							
City	State	Zip	City	State	Zip				
Johnston	RI	02919	Johnston	RI	02919				
Secretary Name		Treasurer Name							
Dr. William E. Lancellotti, Jr.		Dr. Michele L. Lancellotti							
Street Address		Street Address							
10 Brookwood Drive		579 Elmgrove Avenue							
City	State	Zip	City	State	Zip				
Johnston	RI	02919	Providence	RI	02906				
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS									
Director Name		Director Name							
Dr. William E. Lancellotti, Sr.		Dr. Joseph L. Lancellotti							
Street Address		Street Address							
10 Brookwood Drive		146 Winsor Avenue							
City	State	Zip	City	State	Zip				
Johnston	RI	02919	Johnston	RI	02919				
Director Name		Director Name							
Dr. William E. Lancellotti, Jr.		Dr. Michele R. Lancellotti							
Street Address		Street Address							
10 Brookwood Drive		579 Elmgrove Avenue							
City	State	Zip	City	State	Zip				
Johnston	RI	02919	Providence	RI	02906				
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)					11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
AUTHORIZED SHARES					ISSUED SHARES				
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 signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: \_\_\_\_\_

Check No.: \_\_\_\_\_

By: \_\_\_\_\_

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.

Signature of Officer: William E. Lancellotti Date: 12-7-99

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

Title of Officer: President

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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 **1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **19547** 2. Name of Corporation **RHODE ISLAND CHIROPRACTIC PAIN CONTROL CLINIC, INC.**  
3. Street Address Principal Business Office **1126 HARTFORD AVENUE** City **JOHNSTON** State **RHODE ISLAND** Zip **02919**  
4. Business Phone No. **401-274-5100** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9274**

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

CHIROPRACTIC

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name <b>DR. WILLIAM E. LANCELOTTI, SR.</b> Street Address <b>10 BROOKWOOD DRIVE</b> City <b>JOHNSTON</b> State <b>RI</b> Zip <b>02919</b>	Vice President Name <b>DR. JOSEPH L. LANCELOTTI</b> Street Address <b>146 WINSOR AVENUE</b> City <b>JOHNSTON</b> State <b>RI</b> Zip <b>02919</b>
Secretary Name <b>DR. WILLIAM E. LANCELOTTI, JR.</b> Street Address <b>10 BROOKWOOD DRIVE</b> City <b>JOHNSTON</b> State <b>RI</b> Zip <b>02919</b>	Treasurer Name <b>DR. MICHELE R. LANCELOTTI</b> Street Address <b>579 ELMGROVE AVENUE</b> City <b>PROVIDENCE</b> State <b>RI</b> Zip <b>02906</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name <b>DR. WILLIAM E. LANCELOTTI, SR.</b> Street Address <b>10 BROOKWOOD DRIVE</b> City <b>JOHNSTON</b> State <b>RI</b> Zip <b>02919</b>	Director Name <b>DR. JOSEPH L. LANCELOTTI</b> Street Address <b>146 WINSOR AVENUE</b> City <b>JOHNSTON</b> State <b>RI</b> Zip <b>02919</b>
Director Name <b>DR. WILLIAM E. LANCELOTTI, JR.</b> Street Address <b>10 BROOKWOOD DRIVE</b> City <b>JOHNSTON</b> State <b>RI</b> Zip <b>02919</b>	Director Name <b>DR. MICHELE R. LANCELOTTI</b> Street Address <b>579 ELMGROVE AVENUE</b> City <b>PROVIDENCE</b> State <b>RI</b> Zip <b>02906</b>

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100 SHS NO PAR VAL**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 COMMON NONE**

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



File Date: **1-21-98**  
Check No.: **1066**  
By: **[Signature]**  
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.

Signature of Officer **Dr. Joseph L. Lancelotti** Date **1/19/98**  
Print or Type Name of Officer **DR. JOSEPH L. LANCELOTTI**  
Title of Officer **VICE PRESIDENT**



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 19547 2. Name of Corporation Rhode Island Chiropractic Pain Control Clinic, Inc.  
~~05-0301025~~  
3. Street Address Principal Business Office City State Zip  
1126 Hartford Avenue 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 Character of Business Conducted in Rhode Island

Chiropractic

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)**

President Name <u>Dr. William E. Lancellotti, Sr.</u> Street Address <u>10 Brookwood Drive</u> City State Zip <u>Johnston</u> <u>Rhode Island</u> <u>02919</u> Secretary Name <u>Dr. William E. Lancellotti, Jr.</u> Street Address <u>10 Brookwood Drive</u> City State Zip <u>Johnston</u> <u>Rhode Island</u> <u>02919</u>	Vice President Name <u>Dr. Joseph L. Lancellotti</u> Street Address <u>146 Winsor Avenue</u> City State Zip <u>Johnston</u> <u>Rhode Island</u> <u>02919</u> Treasurer Name <u>Dr. Michele R. Lancellotti</u> Street Address <u>579 Elmgrove Avenue</u> City State Zip <u>Providence</u> <u>Rhode Island</u> <u>02906</u>
--	--

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)**

Director Name <u>Dr. William E. Lancellotti, Sr.</u> Street Address <u>10 Brookwood Drive</u> City State Zip <u>Johnston</u> <u>Rhode Island</u> <u>02919</u> Director Name <u>Dr. William E. Lancellotti, Jr.</u> Street Address <u>10 Brookwood Drive</u> City State Zip <u>Johnston</u> <u>Rhode Island</u> <u>02919</u>	Director Name <u>Dr. Joseph L. Lancellotti</u> Street Address <u>146 Winsor Avenue</u> City State Zip <u>Johnston</u> <u>Rhode Island</u> <u>02919</u> Director Name <u>Dr. Michele R. Lancellotti</u> Street Address <u>579 Elmgrove Avenue</u> City State Zip <u>Providence</u> <u>Rhode Island</u> <u>02906</u>
--	---

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

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<u>100</u>	<u>100</u>
<u>Common</u>	<u>Common</u>
<u>None</u>	<u>None</u>

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

File Date: 9/23/97

Check No.: 188 257

By: KID

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.

Dr. Joseph L. Lancellotti 9/22/97  
Signature of Officer Date

Dr. Joseph L. Lancellotti

Print or Type Name of Officer  
Vice President

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  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. <b>19547</b>		2. NAME OF CORPORATION <b>RHODE ISLAND CHIROPRACTIC PAIN CONTROL CLINIC,</b>			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE <b>1126 Hartford Ave</b>		CITY <b>JOHNSTON</b>	STATE <b>RI</b>	ZIP CODE <b>0299</b>	
4. BUSINESS PHONE NO. <b>401 274 5100</b>		5. STATE OF INCORPORATION <b>RHODE ISLAND</b>			6. SIC CODE <b>9270</b>
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND <b>Chiropractor</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME <b>Dr. William E LANCELOTZ SR</b>			VICE PRESIDENT NAME <b>Dr. JOE LANCELOTZ</b>		
STREET ADDRESS <b>10 Brookwood Dr</b>			STREET ADDRESS <b>146 WILSON AVE</b>		
CITY <b>JOHNSTON</b>	STATE <b>RI</b>	ZIP CODE <b>02919</b>	CITY <b>JOHNSTON</b>	STATE <b>RI</b>	ZIP CODE <b>0299</b>
SECRETARY NAME <b>Dr. Michele Lancelotti</b>			TREASURER NAME <b>William E Lancelotti</b>		
STREET ADDRESS <b>1126 Hartford Ave</b>			STREET ADDRESS <b>68 Scituate Ave</b>		
CITY <b>JOHNSTON</b>	STATE <b>RI</b>	ZIP CODE <b>02919</b>	CITY <b>Scituate</b>	STATE <b>RI</b>	ZIP CODE <b>02831</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100 SHS NO PAR VAL			100		

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, and that all statements contained herein are true and correct.

File Date:

**2/27/96**

Check No:

**12846**

By:

**CC RFB**

For Secretary of State Use Only

Signature of Officer

**Dr. Joseph Lancelotti**

Print or Type Name of Officer

**Dr. JOSEPH LANCELOTZ**

Title of Officer

**Vice President**

Date

**2/23/96**

## 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.**

0019547

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

RHODE ISLAND CHIROPRACTIC PAIN CONTROL CLINIC,

Name of Corporation: \_\_\_\_\_

Business entity organized under the laws of the State of: R.I.

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

☐ Business Corporation (See RIGL Chapter 7-1.1)☒ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( ) \_\_\_\_\_

Brief statement of the character of business conducted in Rhode Island:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

CHIROPRACTIC PHYSICIANS' OFFICES1126 HARTFORD AVE.  
JOHNSTON RI 02919Phone: (401) 274-5100**THE NAMES OF THE OFFICERS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>DR. William E. Lancelotti</u>	<u>10 Brookwood Drive</u>	<u>JOHNSTON, R.I.</u>	<u>02919</u>
VICE PRESIDENT <u>DR. William E. Lancelotti, JR.</u>	<u>68 Scituate Ave.</u>	<u>SCITUATE, R.I.</u>	<u>02861</u>
SECRETARY <u>DR. JOSEPH L. Lancelotti</u>	<u>146 Winsor Ave.</u>	<u>JOHNSTON, R.I.</u>	<u>02919</u>
TREASURER <u>DR. MICHELE R. Lancelotti</u>	<u>189 Elm Grove Ave.</u>	<u>PROV., R.I.</u>	<u>02906</u>

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>DR. William E. Lancelotti</u>	<u>10 Brookwood Drive</u>	<u>JOHNSTON, R.I.</u>	<u>02919</u>

NAME	STREET ADDRESS	CITY/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

100NO PAR VALUE

Number of Shares

Class / Series

0Date 1/23/, 19 95By: Dr. William E. Lancelotti, Jr.

PRINT OR TYPE NAME OF OFFICER SIGNING  
VICE PRESIDENT

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

DR WILLIAM E. LANCELOTTI  
1126 HARTFORD AVENUE  
JOHNSTON RI 02919

**FILED**

FEB 14 1995

By: [Signature]  
13660

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
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

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

Corporate ID 0019547 Annual Report for the year: 1994  
Name of Business Entity: RHODE ISLAND CHIROPRACTIC PAIN CONTROL CL

Business entity organized under the laws of the State of: R.I.

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

1126 Hartford Avenue

Johnston, R.I. 02919

401 274-5100

Phone: ( 401 ) 274-5100

Business Entity is (check one).

- ☐ Business Corporation (See RIGL Chapter 7-1.1)  
☒ Professional Service Corporation (See RIGL Chapter 7-5.1)  
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

Dr. William E. Lancellotti, Director

1126 Hartford Avenue

Johnston, R.I. 02919

Brief statement of the character of business conducted in Rhode Island:

Chiropractic Physicians Offices

Date of Organization 6/20/78

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One)

Dr. William E. Lancellotti

10 Brookwood Drive

CITY/STATE ZIP CODE

Johnston, R.I. 02919

☐ CHIEF OPERATING OFFICER OR ☒ VICE PRESIDENT (Check One)

Dr. William E. Lancellotti, Jr.

68 Scituate Avenue

CITY/STATE ZIP CODE

Scituate, R.I. 02831

☐ CUSTOMER SERVICE OFFICER OR ☐ SECRETARY (Check One)

Dr. Joseph E. Lancellotti

146 Winsor Avenue

CITY/STATE ZIP CODE

Johnston, R.I. 02919

☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One)

Dr. Michele R. Lancellotti

10 Brookwood Drive

CITY/STATE ZIP CODE

Johnston, R.I. 02919

THE NAMES OF THE DIRECTORS ARE:

NAME

Dr. William E. Lancellotti

10 Brookwood Drive

CITY/STATE ZIP CODE

Johnston, R.I. 02919

NAME

NAME

STREET ADDRESS

CITY/STATE

ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 100

CLASS Common

SERIES

PAR VALUE OR  
WITHOUT PAR No Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER

CLASS

SERIES

PAR VALUE OR  
WITHOUT PAR

**FILED**

**MAR 08 1994**

By 1267873

Date 2/9/94, 19

By Dr. William E. Lancellotti, Jr.

Dr. William E. Lancellotti, Jr.  
PRINT OR TYPE NAME OF OFFICER SIGNING

Vice President  
TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

DR WILLIAM E. LANCELOTTI  
1126 HARTFORD AVENUE  
JOHNSTON RI 02919

Filing Fee \$50.00

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

11585 9B  
**State of Rhode Island and Providence Plantations**

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, 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 stated, 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 directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Dr. William E. Lancellotti	Director	10 Brookwood Drive, Johnston, R.I. 02919
	Director	
	Director	
Dr. William E. Lancellotti	President	10 Brookwood Drive, Johnston, R.I. 02919
Dr. William E. Lancellotti, Jr.	Vice President	68 Scituate Avenue, Scituate, R.I. 02831
Dr. Joseph L. Lancellotti	Vice President	146 Winsor Avenue, Johnston, R.I. 02919
Dr. Michele R. Lancellotti	Secretary	10 Brookwood Drive, Johnston, R.I. 02919
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
---------------	-------	--------	---

PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
---------------	-------	--------	---

FEB 18 1993  
SECY OF STATE

Dated 2/3 19 93

R.I. Chiropractic Pain Control Clinic, Inc.  
(Name of Corporation)

✓ By William E. Lancellotti

(Report must be signed by an officer)

Title President

Filing Fee \$50.00

CR. 0010210  
C.S. 41

72553

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 year 1992

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

SECOND: It is incorporated under the laws of STATE of R.I.

THIRD: Character of business, briefly stated, is CHIROPRACTIC OFFICES

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1126 HARTFORD AVE.  
JOHNSTON, R.I. 02919

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>DR. Wm. E. LANCELOTI</u>	<u>Director + PRESIDENT</u>	<u>10 BROOKWOOD DRIVE</u> <u>JOHNSTON, R.I. 02919</u>
	<u>Director</u>	
	<u>Director</u>	
	<u>President</u>	
<u>DR. Wm. C. LANCELOTI, JR.</u>	<u>Vice President</u>	<u>68 SCITUATE AVE., SCITUATE, R.I. 02831</u>
<u>DR. JOSEPH L. LANCELOTI</u>	<u>Vice President</u> <u>Secretary</u>	<u>146 WINSOR AVE., JOHNSTON, R.I. 02919</u>
	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized: 100

No. of Shares

Class

Series

**PAID**

**JAN 24 1992**

**SECY OF STATE**

Par Value  
or statement that  
shares are without  
par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

Dated 1-23 19 92

R.I. CHIROPRACTIC PAIN CONTROL CLINIC, INC.  
(Name of Corporation)

By [Signature]

Title PRESIDENT

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0019547 Annual Report for the year 1991

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

SECOND: It is incorporated under the laws of STATE OF R.I.

THIRD: Character of business, briefly stated, is CHIROPRACTIC OFFICES

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1126 HARTFORD AVE.

JOHNSTON, R.I. 02919

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

DR. WM. E. LANCELOTI Director + PRESIDENT 10 BROOKWOOD DR., JOHNSTON  
R.I. 02919

Director

Director

President

DR. WM. E. LANCELOTI, JR. Vice President 68 SCITUATE AVE., SCITUATE, R.I. 02831

DR. JOSEPH L. LANCELOTI VICE PRESIDENT 146 WINSOR AVE., JOHNSTON, R.I. 02919

Secretary

Treasurer

SEVENTH: Number of Shares authorized: 100

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

PAID

EIGHTH: Number of Shares issued:

FEB 4 1991

No. of Shares

Class

SECY. OF STATE

Par Value  
or statement that  
shares are without  
par value

Dated 1-22 19 91

R.I. CHIROPRACTIC PAIN CONTROL CLINIC, INC.  
(Name of Corporation)

By [Signature]

Title PRESIDENT

(Report must be signed by an officer)

Filing Fee \$15.00

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

C2

Corporate ID 0018547 Annual Report for the year 1990

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 stated, is Physician Offices - Chiropractic

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1126 Hartford Avenue, Johnston, R.I. 02919

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
William E. Lancellotti	Director	10 Brookwood Drive, Johnston, R.I. 02919
	Director	
	Director	
William E. Lancellotti	President	10 Brookwood Drive, Johnston, R.I. 02919
William E. Lancellotti, Jr.	Vice President	68 Scituate Avenue, Scituate, R.I. 02831
Joseph L. Lancellotti	Vice President	146 Winsor Ave., Johnston, R.I. 02919
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
---------------	-------	--------	---

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
---------------	-------	--------	---

Dated 1-22- 19 90

R.I. Chiropractic Pain Control Clinic, Inc.  
(Name of Corporation)

By William E. Lancellotti

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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 year 1989

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: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>William E. Lancelotti</u>	<u>Director</u>	<u>371 Broadway, Providence, RI 02909</u>
	<u>Director</u>	
	<u>Director</u>	
<u>same</u>	<u>President</u>	<u>same</u>
<u>same</u>	<u>Vice President</u>	<u>same</u>
<u>same</u>	<u>Secretary</u>	<u>same</u>
<u>same</u>	<u>Treasurer</u>	<u>same</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class
<u>100</u>	<u>common</u>

Par Value  
or statement that  
shares are without  
par value

no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
<u>100</u>	<u>common</u>

Par Value  
or statement that  
shares are without  
par value

no par value

Dated 19

Rhode Island Chiropractic Pain Control Clinic, Inc.  
(Name of Corporation)

By William E. Lancelotti

Title PRESIDENT

(Report must be signed by an officer)



Filing Fee \$15.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 19547 Annual Report for the year 1988

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:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Dr. William E. Lancellotti Director 371 Broadway Providence, RI 02909

Director

Director

Same President Same

Same Vice President Same

Same Secretary

Same Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

100 Common no par value

EIGHTH: Number of Shares issued:

Rec'd & Filed APR 28 1988

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

100 Common no par value

PAID

MAY 3 1988

Dated 19 Rhode Island Chiropractic Pain Control Clinic, Inc.

SECY. OF STATE

By William E. Lancellotti

(Report must be signed by an officer)

Title

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903Corporate ID 19547 Annual Report for the year 1987FIRST: The name of the corporation is RHODE ISLAND CHIROPRACTIC PAIN CONTROL CLINIC, INC.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: 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: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Dr. William E. Lancellotti	Director	371 Broadway, Providence, RI 02909
	Director	
	Director	
Dr. William E. Lancellotti	President	371 Broadway, Providence, RI 02909
Dr. William E. Lancellotti	Vice President	" " "
Dr. William E. Lancellotti	Secretary	" " "
Dr. William E. Lancellotti	Treasurer	" " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class
100	COMMON

Series APR 27

Par Value  
or statement that  
shares are without  
par value

no par value

PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class
100	COMMON

MAR 11 1987

SECY OF STATE

Par Value  
or statement that  
shares are without  
par value

no par value

Dated 19

RHODE ISLAND CHIROPRACTIC PAIN CONTROL CLINIC, INC.

(Name of Corporation)

By William E. LancellottiTitle President

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 19547 Annual Report for the year 1986

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 One State Street, Providence, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Dr. William E. Lancellotti	Director	371 Broadway, Providence, RI
	Director	
	Director	
Dr. William E. Lancellotti	President	same
Dr. William E. Lancellotti	Vice President	same
Dr. William E. Lancellotti	Secretary	same
Dr. William E. Lancellotti	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		no par value

PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		no par value

APR - 9 1986

SEC'Y. OF STATE

Dated March 4, 1986

RHODE ISLAND CHIROPRACTIC PAIN CONTROL CLINIC, INC.

(Name of Corporation)

By [Signature]

Title [Signature]

(Report must be signed by an officer)

346

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

19547

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	Office	Address
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:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		without par value

Dated: March 1, 1985

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

By *William E. Lancellotti*  
William E. Lancellotti  
Title President

RECEIVED MAR 1985

(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

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, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Dr. William E. Lancellotti	Director	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:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	4	No Par Value

Dated: 3/6 1984

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

By: [Signature]  
Dr. William E. Lancellotti  
Title: 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

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 **1983**

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 (blank reports will be mailed to this  
address) **15 Messenger Drive, Warwick, Rhode Island 02888**

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
DR. WILLIAM E. LANCELLOTTI	Director	371 Broadway, Providence, RI 02909
	Director	
	Director	
DR. WILLIAM E. LANCELLOTTI	President	371 Broadway, Providence, RI 02909
DR. WILLIAM E. LANCELLOTTI	Vice President	371 Broadway, Providence, RI 02909
DR. WILLIAM E. LANCELLOTTI	Secretary	371 Broadway, Providence, RI 02909
DR. WILLIAM E. LANCELLOTTI	Treasurer	371 Broadway, Providence, RI 02909

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		without par

**JUL 13 1983**

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	7	without par

Dated: **7-6** 19 **83**

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

By: **W. E. Lancelotti**  
DR. WILLIAM E. LANCELLOTTI  
Title **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

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 is R.I. CHIROPRACTIC PAIN CONTROL CLINIC, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is general chiropractic business.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 376 Broadway, Providence, RI 02909-1496

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
William E. Lancellotti	Director	371 Broadway, Providence, RI 02909
	Director	
	Director	
William E. Lancellotti	President	same
William E. Lancellotti	Vice President	same
William E. Lancellotti	Secretary	same
William E. Lancellotti	Treasurer	same

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common	11	without par value

Dated: Nov 9, 19 82

R.I. CHIROPRACTIC PAIN CONTROL CLINIC, INC.  
(Name of Corporation)

By: *William E. Lancellotti*

Title: William E. Lancellotti, President

(Report must be signed by an officer)

NOV 12 1982

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

1981 ANNUAL REPORT

OF

DR. WILLIAM E. LANCELOTTI, PC

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is DR. WILLIAM E. LANCELOTTI, PC

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is  
376 Broadway, Providence, RI 02909

and the name of its registered agent in Rhode Island at such address is

Joseph J. Rodio, Esquire

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is general chiropractic business.

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
William E. Lancellotti	Director	371 Broadway, Providence, RI 02909
William E. Lancellotti	Director	same
	Director	
	Director	
	Director	
	Director	
William E. Lancellotti	President	same
William E. Lancellotti	Vice President	same
William E. Lancellotti	Secretary	same
William E. Lancellotti	Treasurer	same

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	common	81	without par value

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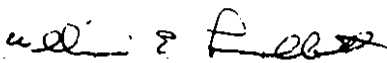
JUN 23 1981



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:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
100	common		without par value

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

By   
William E. Lancellotti  
Its 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. LANCELOTTI, PC

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Dr. William E. Lancellotti, P.C.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is  
376 Broadway, Providence, Rhode Island

and the name of its registered agent in Rhode Island at such address is  
Joseph J. Rodio, Esquire

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is general chiropractic business

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
William E. Lancellotti	Director	371 Broadway, Providence, RI
	Director	
	Director	
	Director	
	Director	
	Director	
William E. Lancellotti	President	371 Broadway, Providence, RI
William E. Lancellotti	Vice President	Same as above
William E. Lancellotti	Secretary	Same as above
William E. Lancellotti	Treasurer	Same as above

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	Common		N.P.V.

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MAR 12 1980

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:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
100	Common		N.P.V.

Dated March 1, , 19 80

DR. WILLIAM E. LANCELOTTI, P.C.

(NAME OF CORPORATION)

By

*William E. Lancelotti* pc

Its 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. LANCELOTTI, P.C. LTD.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Dr. William E. Lancellotti, P.C.  
Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is

376 Broadway, Providence

and the name of its registered agent in Rhode Island at such address is

Joseph J. Rodio, Esq.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is general chiropractic profession

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
William E. Lancellotti	Director	371 Broadway, Providence, RI
	Director	
	Director	
	Director	
	Director	
	Director	
William E. Lancellotti	President	371 Broadway, Providence, RI
William E. Lancellotti	Vice President	371 Broadway, Providence, RI
William E. Lancellotti	Secretary	371 Broadway, Providence, RI
William E. Lancellotti	Treasurer	371 Broadway, Providence, RI

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	6 1 1 79	Par Value per Share or Statement that Shares are without Par Value
100	common			N.P.V.

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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:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
100	common		N.P.V.

Dated March 1, 1979 Dr. William E. Lancellotti, P.C. Ltd.  
(NAME OF CORPORATION)

By W. E. Lancellotti  
Its President