



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
 JAN 15 2020
 6491

1. Entity ID Number 116048		2. Exact name of the Corporation Apponaug Chiropractic Center, Incorporated			
3. Principal Office Address 2525 Post Road		City Warwick		State RI	Zip 02886
4. NAICS Code 621310		6. Brief description of the character of business conducted in Rhode Island Chiropractic and Wellness/Health Center			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher Caliri			Vice-President Name Angela Ciresi-Caliri		
Street Address 80 Partridge Run			Street Address 80 Partridge Run		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Christopher Caliri			Treasurer Name Angela Ciresi-Caliri		
Street Address 80 Partridge Run			Street Address 80 Partridge Run		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christopher Caliri			Director Name Angela Ciresi-Caliri		
Street Address 80 Partridge Run			Street Address 80 Partridge Run		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					PAR VALUE
					No Par Value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Christopher Caliri					Date 1/13/20
Signature of Authorized Representative <i>Christopher Caliri</i>					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov