



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

Annual Report for the year: 2020
Corporation

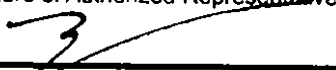
- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 30 2020

STAMP

4718

1. Entity ID Number 000117061		2. Exact name of the Corporation UNIVERSITY CHIROPRACTIC LTD.			
3. Principal Office Address 45 EAGLE STREET BUILDING J UNIT 100			City PROVIDENCE	State RI	Zip 02909
4. NAICS Code 621310		6. Brief description of the character of business conducted in Rhode Island THE PRACTICE OF CHIROPRACTIC HEALTH CARE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL A PENSA			Vice-President Name		
Street Address 45 EAGLE STREET BUILDING J UNIT 100			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MICHAEL A PENSA			Director Name		
Street Address 45 EAGLE STREET BUILDING J UNIT 100			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
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		PAR VALUE
			100	COMMON	0.00
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. <i>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.</i>					
Name of Authorized Representative MICHAEL A PENSA - PRESIDENT				Date 1-25-2020	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

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