

FILEDState 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

FEB 21 2020
STAMP
CY 1080
[Signature]

1. Corporate ID No 001677561		2. Name of Corporation New Horizon Chiropractic & Wellness, Inc.			
3. Street Address Principal Business Office 934 East Main Road, Unit 1			City Portsmouth	State RI	Zip 02871
4. NAICS Code 621310		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island chiropractic medicine					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Misty Kosciusko, DC, MS			Vice President Name		
Street Address 934 East Main Road, Unit 1			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name Misty Kosciusko, DC, MS			Treasurer Name Misty Kosciusko, DC, MS		
Street Address 934 East Main Road, Unit 1			Street Address 934 East Main Road, Unit 1		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100 common shares \$.01 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.

[Signature]

2/17/20
Date

Misty Kosciusko, DC, MS

Print or Type Name

President

Title