



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 02903-1333
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 119751		2. Name of Corporation DeCrescenzo Chiropractic, Inc.			
3. Street Address Principal Business Office 641 Armistice Boulevard		City Pawtucket	State RI	Zip 02861	
4. Business Phone No. 401-725-2112		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE CHIROPRACTIC TREATMENT AND CONSULTATION					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gregory DeCrescenzo			Vice President Name Shadi Shakoori		
Street Address 182 Eaton Street			Street Address 182 Eaton Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Gregory DeCrescenzo			Treasurer Name Gregory DeCrescenzo		
Street Address 182 Eaton Street			Street Address 182 Eaton Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gregory DeCrescenzo			Director Name Shadi Shakoori		
Street Address 182 Eaton Street			Street Address 182 Eaton Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name Gregory DeCrescenzo			Director Name Shadi Shakoori		
Street Address 182 Eaton Street			Street Address 182 Eaton Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
2,400 NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
2,400		common	NPV		

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.

Signature of Officer

Date

Gregory DeCrescenzo

Print or Type Name of Officer

President

Title of Officer

File Date **FILED**
Check No. **APR 05 2005**
By: **By**
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
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Providence, RI 02903-1333
401.222.304

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4. Business Phone No. 401-725-2112		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE CHIROPRACTIC TREATMENT AND CONSULTATION					
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President Name Gregory DeCrescenzo			Vice President Name Shadi Shakoori		
Street Address 182 Eaton Street			Street Address 182 Eaton Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Gregory DeCrescenzo			Treasurer Name Gregory DeCrescenzo		
Street Address 182 Eaton Street			Street Address 182 Eaton Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
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Director Name Gregory DeCrescenzo			Director Name Shadi Shakoori		
Street Address 182 Eaton Street			Street Address 182 Eaton Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
2,400 NO PAR VALUE			2,400	Common	NPV

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



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File Date	2/17/04
Check No.	22421
By:	SC
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: Gregory DeCrescenzo Date: 2-5-04
Print or Type Name of Officer: President Gregory DeCrescenzo
Title of Officer: President



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 02903-1333
401-222-3046



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. 119751 2. Name of Corporation DeCrescenzo Chiropractic, Inc.

3. Street Address Principal Business Office

City State Zip
East Providence RI 02914

4. Business Phone No.

5. State of Incorporation

6. SIC Code

401-435-2002

RHODE ISLAND

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

Provide Chiropractic Services

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

President Name

Vice President Name

Gregory DeCrescenzo

Shadi Shakoori

Street Address

Street Address

182 Eaton Street

182 Eaton Street

City State Zip
Providence RI 02908

City State Zip
Providence RI 02908

Secretary Name

Treasurer Name

Gregory DeCrescenzo

Gregory DeCrescenzo

Street Address

Street Address

182 Eaton Street

182 Eaton Street

City State Zip
Providence RI 02908

City State Zip
Providence RI 02908

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

Director Name

Director Name

Gregory DeCrescenzo

Shadi Shakoori

Street Address

Street Address

182 Eaton Street

182 Eaton Street

City State Zip
Providence RI 02908

City State Zip
Providence RI 02908

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

2,400 NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

2,400 COMMON NPV

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



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FILED

File Date: FEB 20 2003

Check No.: BY 313139

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

Date

Gregory DeCrescenzo

Print or Type Name of Officer

President



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. **119751**
2. Name of Corporation **DeCrescenzo Chiropractic, Inc.**
3. Street Address Principal Business Office
176 TAUTON AVENUE
4. Business Phone No. **401-435-2002**
5. State of Incorporation **RHODE ISLAND**

City **EAST PROVIDENCE** State **RI** Zip **02914**
6. SIC Code

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

PROVIDE CHIROPRACTIC SERVICES

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

President Name
GREGORY DECRESCENZO
Street Address
182 EATON STREET
City **PROVIDENCE,** State **RI** Zip **02908**

Secretary Name
GREGORY DECRESCENZO
Street Address
182 EATON STREET
City **PROVIDENCE** State **RI** Zip **02908**

Vice President Name
SHADI SHAKOORI
Street Address
182 EATON STREET
City **PROVIDENCE** State **RI** Zip **02908**

Treasurer Name
GREGORY DECRESCENZO
Street Address
182 EATON STREET
City **PROVIDENCE** State **RI** Zip **02908**

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

Director Name
GREGORY DECRESCENZO
Street Address
182 EATON STREET
City **PROVIDENCE** State **RI** Zip **02908**

Director Name
GREGORY DECRESCENZO
Street Address
182 EATON STREET
City **PROVIDENCE** State **RI** Zip **02908**

Director Name
SHADI SHAKOORI
Street Address
182 EATON STREET
City **PROVIDENCE** State **RI** Zip **02908**

Director Name
GREGORY DECRESCENZO
Street Address
182 EATON STREET
City **PROVIDENCE** State **RI** Zip **02908**

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,400 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
2,400 COMMON NPV

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



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FILED

File Date: **FEB 28 2002**

Check No.: **By 15229**

By: **u**

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 **GREGORY DECRESCENZO** Date **2-28-02**

Print or Type Name of Officer
PRESIDENT