

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 Divisto 100 North Math Stree Providence, RI 02903-133

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 BIACK) 1. Corporate ID No. 2. Name of Corporation 119751 DeCrescenzo Chiropractic, Inc. 3. Street Address Principal Business Office State City Zip 641 Armistice Boulevard Pawtucket RI 0286 4 Business Phone No. 5. State of Incorporation 6. SIC Code 401-725-2112 RHODE ISLAND 7. Bnef 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) 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 State State Providence 02908 Providence Secretary Name Gregory DeCrescenzo Gregory DeCrescenzo Street Address Street Address 182 Eaton Street 182 Eaton Street State City State Providence RI 02908 02908 Providence RI 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Gregory DeCrescenzo Shadi Shakoori Sircet Address State $Z\psi$ Director Name Director Name Sireci Address Street Address State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Sortes 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 Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all contained herein and truty and correct. Signature of Office

Gregory DeCrescenzo
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 Divisio. 100 North Main Stree Providence, RI 02903-133.

401.222.304

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Gregory DeCrescenzo			Gregory DeCrescenzo				
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<u> 182 Eaton Str</u> ^{Tor}	State	Zip	182 Eaton St	reet State	Zíp		
Providence	RI	02908	Providence	RI	02908		
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Under penalty of perjury I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct. FOR SECRETARY OF STATE USE ONLY Title of Officer



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

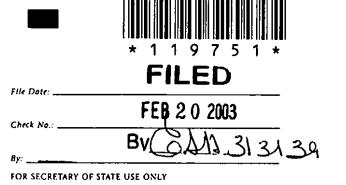
Edward S. Inman, III. Secretary of Stat Corporations Division 100 North Main Street, Providence, RI 02903-133; 401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR __2003

	401-222-3091
2003	STOP PIT IN READ INSERT CHOICE

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 119751 DeCrescenzo Chiropractic, Inc. 3. Street Address Principal Business Office Zip 02914 East Providence RI 176 Taunton Avenue 4. Rusiness 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 Shadi Shakoori Gregory DeCrescenzo Street Address Street Address 182 Eaton Street 182 Eaton Street 2.10 02908 02908 RI Providence Providence RT Treasurer Name Gregory DeCrescenzo Gregory DeCrescenzo Street Address Street Address 182 Eaton Street 182 Eaton Street City City Zip 02908 02908 RI Providence RI Providence 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Shadi Shakoori Gregory DeCrescenzo Street Address Street Address 182 Eaton Street 182 Eaton Street Zip 02908 RI RI Providence Providence Director Name Director Name Street Address Street Address State Zip State 20 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 Per 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 Truster



Under penalty of periory, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that statements contained herein are true and correct.

Signature of Officer

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, RJ 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM MUST BE TYPED IN BL					
1. Corporate ID No.	2. Name of Corpo.			 -	
119751		izo Chiropractic, Inc.	•		
3. Street Address Principal Business Office		City	State	Zip	
176 TAUTON AVENU	Æ		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 Characte					
PROVIDE CHIROPRA					
8. NAMES AND ADDRES President Name	SES OF THE OF	FICERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES BEI 2 Vice President Name	FORE USING ATTAC	CHMENTS
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PROVIDENCE,	RI	02908	•		Zip
Secretary Name	NI.		PROVIDENCE Treasurer Name	RI	02908
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Street Address			- Street Address		
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Director Name			Director Name		
GREGORY DECRESCE	NZO		SHADI SHAKOORI Street Address		
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FILED

File Date: _

FOR SECRETARY OF STATE USE ONLY

FEB 28 2002

GREGORY DECRESCENZO Print or Type Name of Officer

PRESIDENT

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