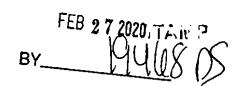
RI SOS Filing Number: 202035483870 Date: 2/27/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the yea	ar:
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2020



$\rightarrow$	Filing	period:	January 1	1	- March	1
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→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number	2 Evact name	e of the Compretion	<u> </u>						
515973	2. Exact name of the Corporation  OPUS ACUPUNCTURE, LTD.								
	101 00 40	OFORTORE	·		IO.	17.			
3. Principal Office Address		City	dala	State	Zip				
66 Nooseneck Hill Road			West Green		RI	02817			
4. NAICS Code	6. Brief descr	iption of the charact	ter of business c	onducted in Rho	de Island				
522110	Acupuncture.								
5. State of Incorporation	7								
Rhode Island									
7. List ALL officers (names and a	ddresses)			Chi	eck the box to in	dicate an attachment 🔲			
President Name Timothy E. O'Bri	Vice-President Name Amapola T. O'Brien								
Street Address 1229 38th Avenue		Street Address 1229 38th Ave. N.							
City Myrtle Beach	State SC	<sup>Zip</sup> 29577	City Myrtle B		State SC	<sup>Zip</sup> 29577			
Secretary Name Timothy E. O'Bri		•	Treasurer Name Timothy E. O'Brien						
Street Address 1229 13th Ave. N.		Street Address 1229 38th Ave. N.							
City Myrtle Beach	State SC	Zıp 29577	City Myrtle Beach		State SC	<sup>Zip</sup> 29577			
8. List ALL directors (names and	addresses)			Ch	eck the box to in	ndicate an attachment 🔲			
Director Name			Director Name	•					
Street Address			Street Address						
City	State	Zip	City		State	Zip			
Director Name		-	Director Name						
Street Address	<u></u>		Street Address						
City	State	Zip	City		State	Zip			
9. Shares Authorized	1	10. Shares Iss	ued	Ch	eck the box to in	I ndicate an attachment □			
This information is currently of rec	ord in the	NUMBER OF		C_ASS/SERIES		PAR VALUE			
Department of State.		100		Common		No Par Value			
Changes require an additional filing.									
11. This report must be executed	on behalf of the	corporation by an a	authorized repres	<u>.                                    </u>	orporation is in t	he hands of a receiver or			
trustee, this report must be executional trustee, the report must be executed the control of perjury, I dec	uted on behalf of	the corporation by	the receiver or tr	rustee.					
Under penalty of perjury, I dec statements, and that all statem	lare and affirm t	that I have examin	ed this report, i	including any ac	companying s	chedules and			
Name of Authorized Representat		ाजाचात वाच घापच वा	OUTFOL.		Date				
						-17-20			
Signature of Authorized Represe	ntative	200100	OUNACHT HESS						
Signature of Authorized Represe	X.OF	Sign DO	CUMENT 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