



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
 FEB 27 2020, TAIN P
 BY 19468 OS

1. Entity ID Number 515973		2. Exact name of the Corporation OPUS ACUPUNCTURE, LTD.			
3. Principal Office Address 66 Nooseneck Hill Road			City West Greenwich	State RI	Zip 02817
4. NAICS Code 522110		6. Brief description of the character of business conducted in Rhode Island Acupuncture.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Timothy E. O'Brien			Vice-President Name Amapola T. O'Brien		
Street Address 1229 38th Avenue			Street Address 1229 38th Ave. N.		
City Myrtle Beach	State SC	Zip 29577	City Myrtle Beach	State SC	Zip 29577
Secretary Name Timothy E. O'Brien			Treasurer Name Timothy E. O'Brien		
Street Address 1229 13th Ave. N.			Street Address 1229 38th Ave. N.		
City Myrtle Beach	State SC	Zip 29577	City Myrtle Beach	State SC	Zip 29577
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			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	No 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.					
Name of Authorized Representative Timothy E. O'Brien					Date 02-17-20
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