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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2020 APR 20 P 3:22

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Annual Report for the year:

Corporation

2020

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

1. Entity ID Number <u>00793102</u>		2. Exact name of the Corporation <u>New England Spine &amp; Disc Center P.C</u>	
3. Principal Office Address <u>358 Broadway</u>		City <u>Providence</u>	State <u>R.I</u>
4. NAICS Code <u>621310</u>		6. Brief description of the character of business conducted in Rhode Island <u>Chiropractic Services.</u>	
5. State of Incorporation <u>Rhode Island</u>		Zip <u>02905</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Eugene Kanner</u>		Vice-President Name <u>N/A</u>	
Street Address <u>358 Broadway</u>		Street Address	
City <u>Providence</u>	State <u>R.I</u>	City	State
Zip <u>02909</u>		Zip	
Secretary Name <u>N/A</u>		Treasurer Name <u>N/A</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Eugene Kanner</u>		Director Name	
Street Address <u>358 Broadway</u>		Street Address	
City <u>Providence</u>	State <u>R.I</u>	City	State
Zip <u>02909</u>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	CLASS/SERIES
Changes require an additional filing.		<u>100</u>	<u>101</u>
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 <u>[Signature]</u>		Date <u>4/15/20</u>	
Signature of Authorized Representative		SIGN DOCUMENT HERE	

FILED

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## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY

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FORM 630 - Revised: 10/2017