



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:
Corporation

2019

STAMP

FOR
SECRETARY OF STATE
USE ONLY

- 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 Sound & Disc Center P.C</u>	
3. Principal Office Address <u>358 Broadway</u>		City <u>Providence</u>	State <u>R.I</u>
		Zip <u>02905</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>			
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <u>Eugene Kramer</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>	Zip <u>02909</u>	
Secretary Name <u>N/A</u>		Treasurer Name <u>N/A</u>	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <u>Eugene Kramer</u>		Director Name	
Street Address <u>358 Broadway</u>		Street Address	
City <u>Providence</u>	State <u>R.I</u>	Zip <u>02909</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <input type="checkbox"/> Check the box to indicate an attachment			
This information is currently of record in the Department of State.		10. Shares Issued	
Changes require an additional filing.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>101</u>
		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. <u>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.</u>			
Name of Authorized Representative <u>[Signature]</u>		Date <u>4/15/20</u>	
Signature of Authorized Representative			
SIGN DOCUMENT HERE			

FILED 3:23

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

APR 20 2020

BY JBSTXJA

FORM 630 - Revised: 10/2017