



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 115962		2. Name of Corporation HABER-DIBONI CHIROPRACTIC, LTD.			
3. Street Address Principal Business Office 2 WILLIAMS STREET			City PROVIDENCE	State RI	Zip 02903-
4. Business Phone No. 4013312222		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, MANAGE AND OTHERWISE CONDUCT THE PROFESSIONAL BUSINESS OF A CHIROPRACTIC MEDICAL PRACTICE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Lorri Haber-DiBoni		Vice President Name N/A			
Street Address 14 Cedar Swamp Road		Street Address			
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name Lorri Haber-DiBoni		Treasurer Name Lorri Haber-DiBoni			
Street Address Same		Street Address Same			
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A		Director Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name N/A		Director Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$0.01 PAR VALUE		100	Common	\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 1 5 9 6 2

115962 DBC 02/08/05 05:01:12 PM

File Date 2-17-05

Check No. 0700

By: LB

FOR SECRETARY OF STATE USE ONLY

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.

Lorri Haber-DiBoni Signature of Officer

2-17-05 Date

Lorri Haber-DiBoni Print or Type Name of Officer

Secretary Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 115962		2. Name of Corporation HABER-DIBONI CHIROPRACTIC, LTD.			
3. Street Address Principal Business Office 2 Williams Street			City Providence	State RI	Zip 02903
4. Business Phone No 402-331-2222		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, MANAGE AND OTHERWISE CONDUCT THE PROFESSIONAL BUSINESS OF A CHIROPRACTIC MEDICAL PRACTICE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Lorri Haber-DiBoni			Vice President Name N/A		
Street Address 14 Cedar Swamp Road			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name Lorri Haber-DiBoni			Treasurer Name Lorri Haber-DiBoni		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
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Director Name N/A			Director Name N/A		
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City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$0.01 PAR VALUE		100	Common	\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 5 9 6 2 *

File Date 2/13/04
Check No. 0546
By: LB
FOR SECRETARY OF STATE USE ONLY

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.

Lorri Haber-DiBoni 2/10/04
Signature of Officer Date

LORRI HABER DIBONI
Print or Type Name of Officer

PRESIDENT
Title of Officer



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, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *115962*		2. Name of Corporation HABER-DIBONI CHIROPRACTIC, LTD.	
3. Street Address Principal Business Office 2 Williams Street		City Providence	State RI
4. Business Phone No. 401-331-2222		5. State of Incorporation RHODE ISLAND	
6. SIC Code			
7. Brief Description of the Character of Business Conducted in Rhode Island Chiropractic medical practice			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Lorri Haber-DiBoni			Vice President Name N/A		
Street Address 14 Cedar Swamp Road			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name Lorri Haber-DiBoni			Treasurer Name Lorri Haber-DiBoni		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip

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Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$01 PAR VALUE		100	Common	\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



115962 DBC1/21/0311:08:20 AM

File Date 2/11/03

Check No. 383

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Lorri Haber-DiBoni 2/13/03

Signature of Officer Date

Lorri Haber-DiBoni

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
160 North Main Street, Providence, RI 02903-1
401-222-3100



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **115962** 2. Name of Corporation **HABER-DIBONI CHIROPRACTIC, LTD.**
3. Street Address Principal Business Office **2 Williams Street** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **(401) 331-2222** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Chiropractic medical practice

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Lorri Haber-DiBoni	Vice President Name N/A
Street Address 14 Cedar Swamp Road	Street Address
City Smithfield State RI Zip 02917	City State Zip
Secretary Name Lorri Haber-DiBoni	Treasurer Name Lorri Haber-DiBoni
Street Address Same	Street Address Same
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Street Address	Street Address
City State Zip	City State Zip
Director Name N/A	Director Name N/A
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
8,000	\$0.01 PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
100	Common	\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 5 9 6 2 *

File Date **FILED**

Check No. **FEB 05 2002**

By **ce 198**

FOR SECRETARY OF STATE USE ONLY

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.

Lorri Haber-DiBoni **2/2/02**
Signature of Officer Date

Lorri Haber-DiBoni

Print or Type Name of Officer

President

Title of Officer