



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

FILED

OCT 09 2020



14240

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.

| | | | | | |
|---|-----------------|--|---|--------------------|-----------------------|
| 1. Entity ID Number 000068366 | | 2. Exact name of the Corporation DR. ROBERT A. L'EUROPA, LTD. | | | |
| 3. Principal Office Address 1528 Cranston Street | | | City Cranston | State RI | Zip 02920 |
| 4. NAICS Code 621391 | | 6. Brief description of the character of business conducted in Rhode Island Practice of chiropractic medicine and physical therapy | | | |
| 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 Robert A. L'Europa, D.C. | | | Vice-President Name Robert A. L'Europa, D.C. | | |
| Street Address 1528 Cranston Street | | | Street Address 1528 Cranston Street | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02920 |
| Secretary Name Robert A. L'Europa, D.C. | | | Treasurer Name Robert A. L'Europa, D.C. | | |
| Street Address 1528 Cranston Street | | | Street Address 1528 Cranston Street | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02920 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Robert A. L'Europa, D.C. | | | Director Name | | |
| Street Address 1528 Cranston Street | | | Street Address | | |
| City Cranston | State RI | Zip 02920 | 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 |
| | | | 100.00 | CNP | \$0.0000 |
| 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 Dr. Robert A. L'Europa | | | | | Date 9/2/20 |
| Signature of Authorized Representative  | | | | | |

MAIL TO:
 Division of Business Services
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