

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 491-222-3040

Form 630 12/0;

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

Filing Perioa: Januar) (FORM MUST BE TYPED	IN BLACK)	•					
1 Corporate ID No. 122799	2. Name of Corporate Chira	poration  practic, Ltd.					
3. Street Address Principal			City	State	Zip		
88 EAST MAIN RO			MIDDLETOWN	!RI	C2842-		
4. Business Phone No.		5. State of Incorpor	ration		6. SIC Code		
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7. Bruef Description of the C THE PRACTICE OF (		onducted in Rhode Island					
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President Name Craig Pruitt			Vice President Name				
Street Address			' Street Address				
101 John Kesson	Lane		·				
City	State	Zıp	Cuy	State	Zip		
Middletown	RI	02842	• • •		! '		
Secretary Name			Treasurer Name		,		
Craig Pruitt			•				
Street Address	,		Street Address				
101 John Kesson	Lane			•			
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Middletown	RI	02842	·				
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Director Name			Director Name •				
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Director Name			Director Name				
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AUTHORIZED SHARES			ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
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This report must he si	oned in ink hy eit	her the President Vic	e President, Secretary, Assi	istant Secretary, Treast	urer, Receiver or Trustee		
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81 (1818-1181)							
1 2 2 7 9 9			Under penalty of pe	Under penalty of perjury, I declare and affirm that I have examined			
			this report, includin	g any accompanying sched	dules and statements,		
*122799 DBC 02/44	1/05 08·43·48 AM	•	and that all stateme:	nts contained herein are tru	ie and correct.		
4	- 22-35		1. You	Ho	lula		
File Date			Superior of Officers Date				
Check No. 3	トル		Signaphre of Officer Craig Pruitt		vine		
	V ~	<del>-</del>	Print or Tipe Name of		<del></del>		
Ву:	MY		President	•			

Title of Officer

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

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 Filing Fee: \$50.00

FORM MUST BE TYPED	IN BLACK)	2 cc. \$50.00			_ <del>_</del>	
I. Corporate ID No. 122799	2 Name of Cor	poration				
	Pruitt Chire	opractic, Ltd.				
Street Address Principal	Business Office		City		•••	
88 EAST MAIN R	OAD		MIDDLETOWN	State	Zip	
Business Phone No.	····	5. State of Incor	Poration	RI	02842-	
RHODE IS		LAND		6 SIC Code		
Brief Description of the (	Character of Business Co	onducted in Rhode Island			9274	
		FICERS ("X" BOX F	OR ATTACHMENT)   FILL IN	SDA CES DVIDON	· — · · — · — · — · — ·	
CRAIG PRUITT, D	C	•	, Vice President Name	STACES BEFORE USING.	ATTACHMENTS	
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8 EAST MAIN RO	ΑD		Street Address		<del></del>	
ity	State		<u> </u>			
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,			Treasurer Name			
reet Address			<u> </u>			
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	State	Zip	City	State	1	
NAMEDARM			• '		Zip	
· NAMES AND ADDRI	ESSES OF THE DIR	ECTORS ("X" BOX	FOR ATTACHMENT) TFILL IN	SPACES PRODUCTION	<u> </u>	
Hane			Director Name	PACES BEFORE USING	ATTACHMENTS	
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			·City	State	Zip	
rector Name		• • • • • • • • • • •				
_			Director Name			
reel Address						
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y	State	Zip				
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			Under penalty of per	jury, I declare and affirm the	nat I have examined	
22799 DBC 09/15/04	1 10:27:00 4446	_	ans report, including	any accompanying schedu	thee and etatom	
			and that all statement	ts contained herein are true	and correct.	
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eck No	<del></del>		Signature of Officer	O II Do	ule	
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	ue		Print or Type Name of	Officer		
R SECRETARY OF STATE	LISE ONLY		Precial	· <del></del>		
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Title of Officer



Matthew A. Brown, 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  1. Corporate ID No.							
*122799*	Pruitt Chiror	2. Name of Corporation Pruitt Chiropractic, Ltd.					
3. Street Address Principal			City	State	Zip		
88 East Main Ro	oad		Middletown	RI	02842		
4. Business Phone No.	•	5. State of Incorpo	·		6. SIC Code		
401-847-8889		RHODE ISL	AND		9274		
7. Brief Description of the ( THE PRACTICE OF	Character of Business Cor CHIROPRACTIC	nducted in Rhode Island		· · · · · · · · · · · · · · · · · · ·			
8. NAMES AND ADDE	RESSES OF THE OF	FICERS ("X" BOX PO	RATTACHMENT)   FILL IN SE	PACES BEFORE USING A	TTACHMENTS		
Craig Pruitt			Vice President Name				
Street Address			Street Address				
88 Bast Main Ro	ad		•				
City	State	Zip	City	State			
Middletown	RI	02842	•	Jame .	Zip		
Secretary Name	• • • • • • • • • • •	• • • • • • • • • • •	Treasurer Name		• • • • • • • • • • • • • • • • • • • •		
Craig Pruitt			•				
Street Address			· Street Address				
88 Bast Main Ro	ad		•				
City	State	Zip	City	State	Zip		
Middletown	RI	02842	<u> </u>				
9. NAMES AND ADDR	LESSES OF THE DIR	ECTORS ("X" BOX F	OR ATTACHMENT) TELL IN	SPACES BEFORE USING	ATTACHMENTS		
Director Name			Director Name		<del></del>		
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Street Address			· Street Address				
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City	State	Zip	· City	State	Zip		
ni	J		•				
Director Name			· Director Name	• • • • • • • • • • • • • • • • • • • •	· · · <b>·</b> · · · · · · · · · ·	• •	
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10. SHARES AUTHOR	IZED AVERAV PAR	4574 6774 678					
AUTHORIZED SHARES	ILED ("X" BUX FUR,	AT LACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
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100 NO PAR VALUE			10	common	none		
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his report must he sign	ned in ink hy eithe	r the President Vie	e President, Secretary, Assis				
	since in this by entire	r the Frestuent, Fic	e Fresideni, Secretary, Assis	tant Secretary, Treast	irer, Receiver or Trus	tee	
	(1618   1611 18818 (6118 1811 188	lt .					
		l	Under penalty of ner	jury, I declare and affirm	that I have examined		
	_		this report, including	any accompanying sched	ules and statements		
*122799 DBC2/13/0	39:42:50.AM*		and that all statement	ts contained herein are tru	e and correct.		
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Check No. 344	\	1	Signature of Officer	17 11	Sale	_	
11	<u> </u>	-	_Craie A	· m.TT, DC			
8 <u>v:</u> \( )			Print or Type Name of	Officer			
	TE HER ONLY	•	President				
FOR SECRETARY OF STA	JE USE ONLY		Title of Officer		Form 630 1	2/01	
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