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 2005

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
122799	Pruitt Chiropractic, Ltd.			
3. Street Address Principal Business Office		City	State	Zip
88 EAST MAIN ROAD		MIDDLETOWN	RI	02842-
4. Business Phone No.	5. State of Incorporation			6. SIC Code
4018478889	RHODE ISLAND			9274

7. Brief Description of the Character of Business Conducted in Rhode Island
THE PRACTICE OF CHIROPRACTIC

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

President Name			Vice President Name		
Craig Pruitt					
Street Address			Street Address		
101 John Kesson Lane					
City	State	Zip	City	State	Zip
Middletown	RI	02842			
Secretary Name			Treasurer Name		
Craig Pruitt					
Street Address			Street Address		
101 John Kesson Lane					
City	State	Zip	City	State	Zip
Middletown	RI	02842			

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			10	common	none

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

[redacted] 1 2 2 7 9 9 [redacted]

122799 DBC 02/14/05 08:43:48 AM
File Date 2-22-05
Check No. 3273
By: KM
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.

[redacted] 2/14/05
Signature of Officer *Date*

Craig Pruitt
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/03

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)

1. Corporate ID No.	*2. Name of Corporation*			
122799	Pruitt Chiropractic, Ltd.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
88 EAST MAIN ROAD		MIDDLETOWN	RI	02842-
4. Business Phone No.	*5. State of Incorporation*			*6. SIC Code*
4018478889	RHODE ISLAND			9274

7. Brief Description of the Character of Business Conducted in Rhode Island
THE PRACTICE OF CHIROPRACTIC

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

President Name	*City*	*State*	*Zip*
CRAIG PRUITT, D.C.	MIDDLETOWN	RI	02842
Street Address			
88 EAST MAIN ROAD			

Vice President Name	*City*	*State*	*Zip*
Street Address			

Secretary Name	*City*	*State*	*Zip*
Street Address			

Treasurer Name	*City*	*State*	*Zip*
Street Address			

9. NAMES AND ADDRESSES OF THE DIRECTORS ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	*City*	*State*	*Zip*
Street Address			

Director Name	*City*	*State*	*Zip*
Street Address			

Director Name	*City*	*State*	*Zip*
Street Address			

Director Name	*City*	*State*	*Zip*
Street Address			

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
100 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100		

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

122799

122799 DBC 09/15/04 10:27:08 AM
File Date 10-21-04
Check No. 154
By: ac
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.

Craig A. Pruitt, DC
Signature of Officer *Date*

Craig A. Pruitt, DC
Print or Type Name of Officer

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 2003

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*
122799	Pruitt Chiropractic, Ltd.

3. Street Address Principal Business Office	*City*	*State*	*Zip*
88 East Main Road	Middletown	RI	02842

4. Business Phone No.	*5. State of Incorporation*	*6. SIC Code*
401-847-8889	RHODE ISLAND	9274

7. Brief Description of the Character of Business Conducted in Rhode Island
THE PRACTICE OF CHIROPRACTIC

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

President Name	*Vice President Name*
Craig Pruitt	
Street Address	*Street Address*
88 East Main Road	
City / *State* / *Zip*	*City* / *State* / *Zip*
Middletown / RI / 02842	
Secretary Name	*Treasurer Name*
Craig Pruitt	
Street Address	*Street Address*
88 East Main Road	
City / *State* / *Zip*	*City* / *State* / *Zip*
Middletown / RI / 02842	

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	*Director Name*
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *Zip*
Director Name	*Director Name*
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
100 NO PAR VALUE			10	common	none

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

[redacted] *122799*

122799 DBC2/13/039:42:50 AM
File Date 2.18.03
Check No. 2445
By: WP
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature of Officer — Date: 2.14.03

Craig A. Pruitt, DC
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 630 12/01