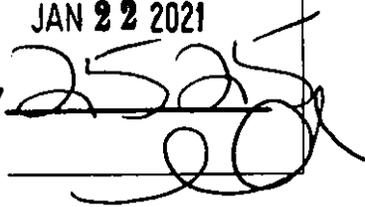




State of Rhode Island
Department of State - Business Services Division

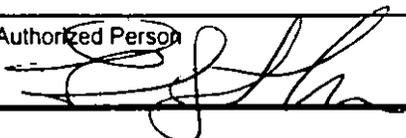
FILED

JAN 22 2021

BY 

Annual Report for the year: 2020
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 000703217		2. Exact name of the Limited Liability Company NEW ENGLAND CHIROPRACTIC & SPORTS HEALTH, LLC			
3. NAICS Code 621310		4. Brief description of the character of business conducted in Rhode Island CHIROPRACTIC OFFICE; PHYSICAL EXAMINATION, CHIROPRACTIC MANIPULATION, MYOFASCIAL RELEASE, MINIMAL RETAIL SALES OF MEDICAL GRADE PRODUCTS.			
5. State of Formation RI					
6. Principal Office Address 28 CEDAR SWAMP ROAD, UNIT 2		City SMITHFIELD	State RI	Zip 02917	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ELIZABETH A. MOLIN			Contact Title MANAGING MEMBER		
Street Address 28 CEDAR SWAMP ROAD, UNIT 2		City SMITHFIELD	State RI	Zip 02917	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name N/A			
Street Address		Street Address			
City	State RI	City	State	Zip	
Manager Name		Manager Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person ELIZABETH A. MOLIN				Date 10/22/2020	
Signature of Authorized Person 					

MAIL TO:

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