



RI SOS Filing Number: 202189431880 Date: 2/2/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

STAMP

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV

FOR
SECRETARY OF STATE
USE ONLY

2021 FEB -2 A 2:43

1. Entity ID Number 001679060		2. Exact name of the Corporation Bruno Chiropractic, Inc.	
3. Principal Office Address 1822 Mineral Spring Avenue		City North Providence	State RI
		Zip 02904	
4. NAICS Code 621310	6. Brief description of the character of business conducted in Rhode Island Chiropractic		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Erika I. Bruno		Vice-President Name David J. Bruno	
Street Address 1822 Mineral Spring Avenue		Street Address 1822 Mineral Spring Avenue	
City North Providence	State RI	City North Providence	State RI
Zip 02904		Zip 02904	
Secretary Name Erika I. Bruno		Treasurer Name Erika I. Bruno	
Street Address 1822 Mineral Spring Avenue		Street Address 1822 Mineral Spring Avenue	
City North Providence	State RI	City North Providence	State RI
Zip 02904		Zip 02904	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		100	Common
			\$100.00
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. <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 Representative Erika I. Bruno		Date 1/22/2021	
Signature of Authorized Representative <i>Erika I. Bruno</i>		SIGN DOCUMENT HERE FILED	

FEB 02 2021

BY *CK* 3970

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov