State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

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

STAMP

FOR SECRETARY OF STATE USE ONLY

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 FEB -2 A 2:43

1. Entity ID Number	2. Exact name of the Corporation
001679060	Bruno Chiropractic, Inc.

3. Principal Office Address	City	State	Zip
1822 Mineral Spring Avenue	North Providence	RI	02904

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621310	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	Zip: 02904	City: North Providence	State: RI	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	Zip: 02904	City: North Providence	State: RI	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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

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.

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: Erika I. Bruno

Date: 1/22/2021

Signature of Authorized Representative: Erika I Bruno

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
Phone: (401) 222-3040
Website: www.sos.ri.gov