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State of Rhode Island

Department of State - Business Services Division

FILED

FEB 05 2021

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BY 48666

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.

1. Entity ID Number	2. Exact name of the Corporation
000117061	UNIVERSITY CHIROPRACTIC LTD.

3. Principal Office Address	City	State	Zip
45 EAGLE STREET BUILDING J UNIT 100	PROVIDENCE	RI	02909

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621310	THE PRACTICE OF CHIROPRACTIC HEALTH CARE
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
MICHAEL A PENSA	
Street Address: 45 EAGLE STREET BUILDING J UNIT 100	Street Address
City: PROVIDENCE State: RI Zip: 02909	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
MICHAEL A PENSA	
Street Address: 45 EAGLE STREET BUILDING J UNIT 100	Street Address
City: PROVIDENCE State: RI Zip: 02909	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State 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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	COMMON	0.00

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	Date
MICHAEL A PENSA - PRESIDENT	1-30-2021

Signature of Authorized Representative

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

FORM 630 - Revised: 08/2020