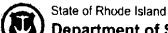
RI SOS Filing Number: 202192451990 Date: 2/18/2021 4:00:00 PM



## **Department of State - Business Services Division**

Annual Report for the year: 2021 Corporation

→ Filing period: January 1 - March 1

		£	
FEE	3 1	8	2021
10	}_6	ז	



→ Penalty: Additional \$25.0	0 fee if form is no	ot filed by April 1.		97	29	Marie 4 👡 -			
1. Entity ID Number 103661		2. Exact name of the Corporation Providence Chiropractic Clinic, Inc.							
3. Principal Office Address 1637 Mineral Spring Avenue			City North Provi	dence	State RI	Zip 02904			
4. NAICS Code  () 2 1320  5. State of Incorporation  Rhode Island	To carry on	any and all busines	s that a chiropra	r of business conducted in Rhode Island hat a chiropractor, licensed to practice in the State of Rhode Island ut not limited to the care and treatment of human patients.					
7. List ALL officers (names and President Name	addresses)	<del></del>	Mice-Presiden	t Name		dicate an attachment	J		
President Name Michael A. Lancellotti			Vice-President Name Michael A. Lancellotti						
Street Address 1637 Mineral Spring Avemnue			Street Address	Street Address same					
City North Providence	State RI	Zip <sub>02904</sub>	City	<u>-</u>	State	Zip			
Secretary Name Michael A. Lancellotti		Treasurer Name Michael A. Lancellotti							
Street Address same as above		Street Address same							
City	State	Zip	City	·	State	Zíp			
8. List ALL directors (names and	d addresses)	——··	1	Chec	k the box to inc	dicate an attachment	ㅁ		
Director Name			Director Name	;		<u>.</u>			
Street Address		Street Address							
City	Stale	Zip	City		State	Zip			
Director Name			Director Name		1	I	_		
Street Address			Street Address						
CAL	To-	I my							
City	State	Zip	City		State	Zip			
9. Shares Authorized									
This information is currently of record in the Department of State.		NUMBER O	DE SHARES	C_ASS/SFRIFS  COMMON		PAR VALUE  none			
Changes require an additional fili	ng.		<del></del>						
11. This report must be execute trustee, this report must be execute	d on behalf of the	corporation by an	authorized repres	L sentative. If the corp	poration is in th	e hands of a receiver	or		
Under penalty of perjury, I des statements, and that all states	clare and affirm	that I have examin	ed this report, i	ncluding any acco	empanying sc	hedules and	_		
Name of Authorized Representa					Date /	1 ,			
Michael A. Lancellotti			2/10	121					
Signature of Authorized Repres	Mystive J								

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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