



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.

FILED

FEB 18 2021

BY 109

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 Providence	State RI	Zip 02904
4. NAICS Code 621320	6. Brief description of the character of business conducted in Rhode Island To carry on any and all business that a chiropractor, licensed to practice in the State of Rhode Island might be involved in including, but not limited to the care and treatment of human patients.			
5. State of Incorporation Rhode Island				
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐				
President Name Michael A. Lancellotti		Vice-President Name Michael A. Lancellotti		
Street Address 1637 Mineral Spring Avenue		Street Address same		
City North Providence	State RI	Zip 02904	City	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 Zip
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
		1000	common	none
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 Michael A. Lancellotti			Date 2/10/21	
Signature of Authorized Representative 				