State of Rhode Island

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

1. Entity ID Number	2. Exact name of the Corporation
103661	Providence Chiropractic Clinic, Inc.

3. Principal Office Address	City	State	Zip
1637 Mineral Spring Avenue	North Providence	RI	02904

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621320	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 Avemnue			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:

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