



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 01 2021

RY 13089

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 <u>72323</u>		2. Exact name of the Corporation <u>Pelton Family Chiropractic Center, Inc.</u>			
3. Principal Office Address <u>730 Kingstons Road Ste 3</u>		City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	
4. NAICS Code <u>621310</u>	6. Brief description of the character of business conducted in Rhode Island <u>Chiropractic Medicine</u>				
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Kevin J. Pelton</u>			Vice-President Name <u>Christine L. Pelton</u>		
Street Address <u>380 A Post Road</u>			Street Address <u>380 A Post Road</u>		
City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>
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 <input type="checkbox"/>					
Director Name <u>Kevin J. Pelton</u>			Director Name <u>Christine L. Pelton</u>		
Street Address <u>380 A Post Road</u>			Street Address <u>380 A Post Road</u>		
City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>100</u>	<u>Common</u>	<u>no par</u>
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 <u>Christine L. Pelton DC</u>				Date <u>2/25/2021</u>	
Signature of Authorized Representative <u>Christine L. Pelton DC</u>					