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2021 MAR 23 PM 2:03

State of Rhode Island and Providence Plantations
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

MAR 23 2021
BY 7422 DS

1 Entity ID Number	2 Exact name of the Corporation
147828	David J. Lenkewicz D.C. Inc.

3 Principal Office Address	City	State	Zip
580 Smith Street	Providence	RI	02908

4 NAICS Code	6 Brief description of the character of business conducted in Rhode Island
621310	Chiropractic Office
5 State of Incorporation: RI	

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

President Name	Vice-President Name
David J. Lenkewicz, D.C.	David J. Lenkewicz
Street Address: 580 Smith Street	Street Address: 580 Smith Street
City: Providence, State: RI, Zip: 02908	City: Providence, State: RI, Zip: 02908
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
David J. Lenkewicz D.C.	
Street Address: 580 Smith Street	Street Address:
City: Providence, State: RI, Zip: 02908	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
600	common	no par value

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 3/23/21

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: 10/2017