



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 000072735

**2. Name of Corporation** Chiropractic Society of Rhode Island

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Principal Office Address**

No. and Street: 1272 WEST MAIN ROAD  
BUILDING 2

City or Town: MIDDLETOWN

State: RI

Zip: 02842

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

PROFESSIONAL SOCIETY OF CHIROPRACTIVE PHYSICIANS

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

| <b>Title</b>   | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|----------------|-------------------------------------------------------|-------------------------------------------------------------------|
| DIRECTOR       | DAVID DWYER DC                                        | 189 TOLL GATE ROAD<br>WARWICK, RI 02886 USA                       |
| VICE PRESIDENT | CARLYLE SMART DC                                      | 372 BROADWAY<br>NEWPORT, RI 02840 USA                             |
| PRESIDENT      | MICHAEL ZOLA DC                                       | 144 WATERMAN STREET #2<br>PROVIDENCE, RI 02906 USA                |
| DIRECTOR       | ALAN POST DC                                          | 1130 TEN ROD ROAD, D 204<br>NORTH KINGSTOWN, RI 02852 USA         |
| DIRECTOR       | MICHAEL GOTTFRIED DC                                  | 1272 W MAIN RD, BLDG. #2<br>MIDDLETOWN, RI 02842 USA              |

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

COLLEEN R. GLENN 385 BROADWAY #3 NEWPORT , RI 02840

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 8 Day of June, 2021 at 9:22:47 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By DR. MICHAEL GOTTFRIED  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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