



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED 9/17

SEP 07 2021

BY

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1. Entity ID Number 001696660		2. Exact name of the Limited Liability Company Chiron Chiropractic Care LLC			
3. NAICS Code 621310		4. Brief description of the character of business conducted in Rhode Island Spinal Adjustments & Care Services			
5. State of Formation Rhode Island					
6. Principal Office Address 1107 Pontiac Avenue			City Cranston	State RI	Zip 02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Soon Leng Ng			Contact Title Member		
Street Address 191 Hoffman Avenue, Apt. 8			City Cranston	State RI	Zip 02920
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name NONE			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment: ☐					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person Soon Leng Ng				Date	
Signature of Authorized Person					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov