



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV

2021 SEP 15 PM 3:09

1. Entity ID Number 001669337		2. Exact name of the Corporation Algiere Chiropractic, Inc.	
3. Principal Office Address 1171 Main Street		City Wyoming	State RI
		Zip 02898	
4. NAICS Code 621310	6. Brief description of the character of business conducted in Rhode Island <i>Chiropractic alternative medicine</i> <i>Chiropractic</i>		
5. State of Incorporation: Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Benjamin J Algiere		Vice-President Name	
Street Address PO Box 57		Street Address	
City Wyoming	State RI	Zip 02898	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Benjamin J Algiere		Director Name	
Street Address PO Box 57		Street Address	
City Wyoming	State RI	Zip 02898	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 1000	CLASS/SERIES STK
		PAR VALUE %0.0100	
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 Benjamin J Algiere		Date 9.14.21	
Signature of Authorized Representative <i>Benjamin J. Algiere</i>			

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov

FILED

FORM 630 - Revised: 08/2020

SEP 15 2021
BY *DASGY*
AA. 3:11pm