



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
RI DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 87369		2. Exact name of the Corporation Basler Chiropractic Center, Inc.				2023 FEB -3 P 2:59	
3. Principal Office Address 1261 North Main Street			City Providence		State RI		Zip 02904
4. NAICS Code 621310		6. Brief description of the character of business conducted in Rhode Island Rendering professional chiropractic services.					
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 Mary G. Basler				Vice-President Name None.			
Street Address 1261 North Main Street				Street Address			
City Providence		State RI		Zip 02904			
Secretary Name Mary G. Basler				Treasurer Name Mary G. Basler			
Street Address 1261 North Main Street				Street Address 1261 North Main Street			
City Providence		State RI		Zip 02904		City Providence State RI Zip 02904	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name Mary G. Basler				Director Name			
Street Address 1261 North Main Street				Street Address			
City Providence		State RI		Zip 02904			
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	
				100		Common	
						PAR VALUE	
						No Par	
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 Mary G. Basler, President						Date 1/24/23	
Signature of Authorized Representative <i>Mary G. Basler</i>							

FILED

FEB 03 2023
BY ML PKNIP