



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FILED

FEB 21 2023

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>000083915</u>		2. Exact name of the Corporation <u>Metacom Chiropractic Center, Inc.</u>										
3. Principal Office Address <u>576 Metacom Ave #8</u>		City <u>Bristol</u>	State <u>RI</u>									
		Zip <u>02809</u>										
4. NAICS Code <u>621310</u>	6. Brief description of the character of business conducted in Rhode Island <u>✓ Professional Office</u>											
5. State of Incorporation <u>RI</u>												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name <u>Mark V. Alano</u>		Vice-President Name <u>N/A</u>										
Street Address <u>47 Garfield St</u>		Street Address										
City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>										
Secretary Name <u>N/A</u>		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 <u>N/A</u>		Director Name										
Street Address		Street Address										
City	State	Zip										
Director Name		Director Name										
Street Address		Street Address										
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>ZERO</u></td> <td></td> <td><u>0</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>ZERO</u>		<u>0</u>			
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<u>ZERO</u>		<u>0</u>										
Changes require an additional filing.												
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 <u>Mark V. Alano</u>		Date <u>2.9.23</u>										
Signature of Authorized Representative <u>[Signature]</u>												