



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

FILED

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

FEB 21 2023

BY [Signature]

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) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Mark V. Atano</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>	City	State	Zip
Secretary Name <u>N/A</u>			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>N/A</u>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <u>ZERO</u>	CLASS/SERIES	PAR VALUE <u>0</u>
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. <b>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.</b>					
Name of Authorized Representative <u>MARK V. ATANO</u>				Date <u>2.9.23</u>	
Signature of Authorized Representative <u>[Signature]</u>					

MAIL TO:  
 Division of Business Services  
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 Website: www.sos.ri.gov