



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2023**
Corporation

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

STAMP
RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.

2023 FEB 24 A 1

1. Entity ID Number 000097592		2. Exact name of the Corporation ANANIA CHIROPRACTIC INCORPORATED			
3. Principal Office Address 172 BROADWAY		City PROVIDENCE		State RI	Zip 02909
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE A CHIROPRACTIC CENTER				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KAREN ANANIA			Vice-President Name KAREN ANANIA		
Street Address 172 BROADWAY			Street Address 172 BROADWAY		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name KAREN ANANIA			Treasurer Name KAREN ANANIA		
Street Address 172 BROADWAY			Street Address 172 BROADWAY		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KAREN ANANIA			Director Name		
Street Address 172 BROADWAY			Street Address		
City PROVIDENCE	State	Zip	City	State	Zip
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		
			PAR VALUE		
			COMMON		
			NONE		
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 KAREN ANANIA					Date 2/13/2023
Signature of Authorized Representative					
SIGN DOCUMENT HERE					FILED