



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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	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. <i>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.</i>					
Name of Authorized Representative KAREN ANANIA				Date 2/13/2023	
Signature of Authorized Representative				SIGN DOCUMENT HERE	

**FILED**

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

FEB 24 2023  
 BY ML SEMOR  
 FORM 630 - Revised: 10/2017