



RI SOS Filing Number: 202331933880

Date: 3/29/2023 4:00:00 PM

## Department of State - Business Services Division

## Annual Report for the year: Corporation 2023

5719

→ 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 001679060		2. Exact name of the Corporation Bruno Chiropractic, Inc.				2023 MAR 29 A 8:43	
3. Principal Office Address 1822 Mineral Spring Avenue			City North Providence		State RI	Zip 02904	
4. NAICS Code 621310		6. Brief description of the character of business conducted in Rhode Island Chiropractor					
5. State of Incorporation RI							
7. List ALL officers (names and addresses)						Check the box to indicate an attachment	
President Name Erika I. Bruno			Vice-President Name David J. Bruno				
Street Address 1822 Mineral Spring Avenue			Street Address 1822 Mineral Spring Av				
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904		
Secretary Name Erika I. Bruno			Treasurer Name Erika I. Bruno				
Street Address 1822 Mineral Spring Avenue			Street Address 1822 Mineral Spring Avenue				
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904		
8. List ALL directors (names and addresses)						Check the box to indicate an attachment	
Director Name			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		10. Shares Issued					Check the box to indicate an attachment
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		100	Common		1.00		
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 Erika I. Bruno				FILED MAR 29 2023		Date 2-23-23	
Signature of Authorized Representative X Erika I. Bruno				BY ML 4435			