



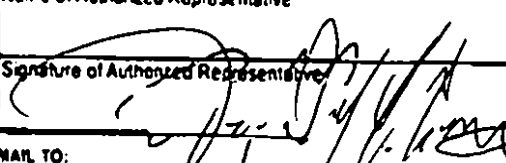
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 MAR 31 P 12: 58

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.

1. Entry ID Number 147828		2. Exact name of the Corporation David J. Lenkewicz D.C. Inc.												
3. Principal Office Address 580 Smith Street			City Providence	State Ri	Zip 02908									
4. NAICS Code 621310		5. Brief description of the character of business conducted in Rhode Island Chiropractic Office												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name David J. Lenkewicz, D.C.			Vice-President Name David J. Lenkewicz											
Street Address 580 Smith Street			Street Address 580 Smith Street											
City Providence	State Ri	Zip 02908	City Providence	State Ri	Zip 02908									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name David J. Lenkewicz D.C.			Director Name											
Street Address 580 Smith Street			Street Address											
City Providence	State Ri	Zip 02908	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.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CATEGORIES</th> <th>PAR VALUE</th> </tr> <tr> <td style="text-align: center;">600</td> <td style="text-align: center;">common</td> <td style="text-align: center;">no par value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				NUMBER OF SHARES	CATEGORIES	PAR VALUE	600	common	no par value			
		NUMBER OF SHARES	CATEGORIES	PAR VALUE										
600	common	no par value												
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												
Signature of Authorized Representative 		Date 3/31/23												

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

FILED

MAR 31 2023
BY **ML PXS** 72
FORM 630 - Revised: 10/2017