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2023 MAR 31 P 12:54

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.

1. Entity ID Number	2. Exact name of the Corporation			
147828	David J. Lenkewicz D.C. Inc.			
3. Principal Office Address: 580 Smith Street		City: Providence	State: RI	Zip: 02908
4. NAICS Code: 621310	6. 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.	NUMBER OF SHARES	CLASS/SERIES	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 | Date: 3/31/23

Signature of Authorized Representative

FILED
MAR 31 2023
BY ML PXS72

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