



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2023**

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAY 17 2023
1542

1. Entity ID Number 000068366		2. Exact name of the Corporation DR. ROBERT A. L'EUROPA, LTD.	
3. Principal Office Address 1528 Cranston Street		City Cranston	State RI
		Zip 02920	
4. NAICS Code 621391	6. Brief description of the character of business conducted in Rhode Island Practice of chiropractic medicine and physical therapy		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert A. L'Europa, D.C.		Vice-President Name Robert A. L'Europa, D.C.	
Street Address 1528 Cranston Street		Street Address 1528 Cranston Street	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name Robert A. L'Europa, D.C.		Treasurer Name Robert A. L'Europa, D.C.	
Street Address 1528 Cranston Street		Street Address 1528 Cranston Street	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Robert A. L'Europa, D.C.		Director Name	
Street Address 1528 Cranston Street		Street Address	
City Cranston	State RI	City	State
Zip 02920		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
		1,000	CNP
		PAR VALUE	
		\$0.0000	
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 Robert A. L'Europa, D.C.		Date 5/12/23	
Signature of Authorized Representative			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023