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2023 JUL 31 AM 11:46



State of Rhode Island and Providence Plantations

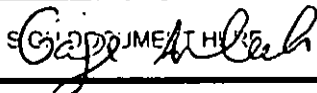
Department of State - Business Services Division

Annual Report for the year: **2022**
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 001708837		2. Exact name of the Corporation FOCAL ACUPUNCTURE PC			
3. Principal Office Address 245 WATERMAN ST, SUITE 303		City PROVIDENCE		State RI	Zip 02906
4. NAICS Code 621399	6. Brief description of the character of business conducted in Rhode Island AN ACUPUNCTURE PRACTICE THAT PROVIDES ACUPUNCTURE TREATMENTS AND ITS ADJUNCTIVE TECHNIQUES. THE OFFICE ALSO SUPPLIES AND PRESCRIBES HERBAL SUPPLEMENTS.				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GAGE ANDREOLI-HOLMQUIST			Vice-President Name NONE		
Street Address 18 MAXSON ST			Street Address NONE		
City ASHAWAY	State RI	Zip 02804	City NONE	State NONE	Zip NONE
Secretary Name GAGE ANDREOLI-HOLMQUIST			Treasurer Name GAGE ANDREOLI-HOLMQUIST		
Street Address 18 MAXSON ST			Street Address 18 MAXSON ST		
City ASHAWAY	State RI	Zip 02804	City ASHAWAY	State RI	Zip 02804
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
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		PAR VALUE	
10,000		COMMON		0.001	
N/A		N/A		N/A	
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 GAGE ANDREOLI-HOLMQUIST					Date 07/28/2023
Signature of Authorized Representative 					
FILED					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2815

Phone: (401) 222-3040

Website: www.sos.ri.gov

JUL 31 2023
BY **698DT** FORM 630 - Revised: 10/2017
A.A. 11:47 A.M.