



State of Rhode Island
Department of State - Business Services Division

FILED

JAN 09 2024

BY 15437 DS

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Annual Report for the year: **2024**
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000073500		2. Exact name of the Corporation Malchar Chiropractic Center, Ltd.	
3. Principal Office Address 33 College Hill Rd, Bldg 30C		City Warwick	State RI
		Zip 02886	
4. NAICS Code 621310	6. Brief description of the character of business conducted in Rhode Island TO PROVIDE CHIROPRACTIC HEALTH CARE SERVICES		
5. State of Incorporation Rhode Island	TITLE: 7-1.1-51		
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Dr. Victoria Malchar		Vice-President Name Dr. Victoria Malchar	
Street Address 33 College Hill Rd, Bldg 30C		Street Address 33 College Hill Rd, Bldg 30C	
City Warwick	State RI	Zip 02886	City Warwick
			State RI
			Zip 02886
Secretary Name Dr. Victoria Malchar		Treasurer Name Dr. Victoria Malchar	
Street Address 33 College Hill Rd, Bldg 30C		Street Address 33 College Hill Rd, Bldg 30C	
City Warwick	State RI	Zip 02886	City Warwick
			State RI
			Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 200	CLASS/SERIES Common
			PAR VALUE No Par
Changes require an additional filing.			
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 Dr. Victoria Malchar			Date 01/02/2024
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