



State of Rhode Island
Department of State - Business Services Division

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.

JAN 31 2024 11:17 AM
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1. Entity ID Number 001689105		2. Exact name of the Corporation IANNUCCILLI FAMILY CHIROPRACTIC, INC.			
3. Principal Office Address 1571 NEWPORT AVENUE UNIT 4		City PAWTUCKET	State RI	Zip 02919	
4. NAICS Code 621310	6. Brief description of the character of business conducted in Rhode Island CHIROPRACTIC MEDICAL SERVICES				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GIAN C. IANNUCCILLI			Vice-President Name		
Street Address 1571 NEWPORT AVENUE			Street Address		
City PAWTUCKET	State RI	Zip 02861	City	State	Zip
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 <input type="checkbox"/>					
Director Name GIAN C. IANNUCCILLI			Director Name		
Street Address 1571 NEWPORT AVENUE			Street Address		
City PAWTUCKET	State RI	Zip 02861	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 <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
		1000	COMMON	0.00	
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 GIAN C. IANNUCCILLI - PRESIDENT				Date 1-27-2024	
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