



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.

FILED

FEB 05 2024

EX-10358

1. Entity ID Number 000083915		2. Exact name of the Corporation Metacom Chiropractic Centre, Inc							
3. Principal Office Address 576 Metacom Ave Unit 8				City Bristol		State RI		Zip 02809	
4. NAICS Code 621310		6. Brief description of the character of business conducted in Rhode Island							
5. State of Incorporation RI									
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
President Name Mark V. Alano				Vice-President Name N/A					
Street Address 47 Garfield St				Street Address					
City Bristol		State RI		Zip 02809		City		State RI	
Secretary Name N/A				Treasurer Name					
Street Address				Street Address					
City		State		Zip		City		State	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
Director Name N/A				Director Name					
Street Address				Street Address					
City		State		Zip		City		State	
Director Name				Director Name					
Street Address				Street Address					
City		State		Zip		City		State	
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	
				Zero					
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 Mark V. Alano							Date 2-1-24		
Signature of Authorized Representative 									