



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	Zip
Secretary Name N/A			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 N/A			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. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES Zero	CLASS/SERIES	PAR VALUE
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 					