



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.

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|   |                    |  |   |                       |                     |
|---|--------------------|--|---|-----------------------|---------------------|
| 1. Entity ID Number<br><b>001677561</b>   |                    |  | 2. Exact name of the Corporation<br><b>New Horizon Chiropractic &amp; Wellness, Inc.</b>                              |                       |                     |
| 3. Principal Office Address<br><b>775 Old Baptist Road</b>  |                    |  | City<br><b>North Kingstown</b>  |                       | State<br><b>RI</b>  |
|   |                    |  | Zip<br><b>02852</b>   |                       |                     |
| 4. NAICS Code<br><b>621310</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Chiropractic medicine.</b> |   |                       |                     |
| 5. State of Incorporation<br><b>RI</b>  |                    |  |   |                       |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |   |                       |                     |
| President Name<br><b>Misty Kosciusko, DC, MS</b>  |                    |  | Vice-President Name   |                       |                     |
| Street Address<br><b>775 Old Baptist Road</b>   |                    |  | Street Address  |                       |                     |
| City<br><b>North Kingstown</b>  | State<br><b>RI</b> | Zip<br><b>02852</b>  | City  | State                 | Zip                 |
| Secretary Name<br><b>Misty Kosciusko, DC, MS</b>  |                    |  | Treasurer Name<br><b>Misty Kosciusko, DC, MS</b>  |                       |                     |
| Street Address<br><b>775 Old Baptist Road</b>   |                    |  | Street Address<br><b>775 Old Baptist Road</b>   |                       |                     |
| City<br><b>North Kingstown</b>  | State<br><b>RI</b> | Zip<br><b>02852</b>  | City<br><b>North Kingstown</b>  | State<br><b>RI</b>    | Zip<br><b>02852</b> |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                       |                     |
| Director Name   |                    |  | 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  |                    |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                       |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                    |  | NUMBER OF SHARES  |                       |                     |
|   |                    |  | CLASS/SERIES  |                       |                     |
|   |                    |  | PAR VALUE   |                       |                     |
|   |                    |  | 100   |                       |                     |
|   |                    |  | Common Shares   |                       |                     |
|   |                    |  | 0.01 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<br><b>Misty Kosciusko, DC, MS</b>   |                    |  |   | Date<br><b>2/6/24</b> |                     |
| Signature of Authorized Representative<br>  |                    |  |   | FEB 14 2024           |                     |

MAIL TO:  
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