



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Limited Liability Company

→ 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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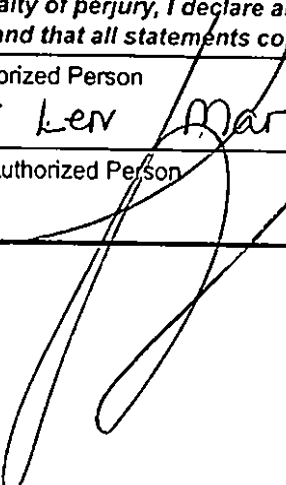
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1. Entity ID Number <u>000722072</u>		2. Exact name of the Limited Liability Company <u>Chiropractic Associates LLC</u>	
3. NAICS Code <u>621310</u>		4. Brief description of the character of business conducted in Rhode Island <u>Chiropractic Office</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>1196 Elmwood Avenue</u>		City <u>Providence</u>	State <u>RI</u>
Zip <u>02907</u>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Dr Lerv Marino</u>		Contact Title <u>Owner</u>	
Street Address <u>1196 Elmwood Avenue</u>		City <u>Providence</u>	State <u>RI</u>
Zip <u>02907</u>			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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 Person <u>Dr Lerv Marino</u>		Date <u>9/21/23</u>	
Signature of Authorized Person 		<u>2/14/2024</u>	

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BY Q5XAZ

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MAIL TO:

Division of Business Services

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