



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

STAMP
FEB 22 2024

BY

1. Entity ID Number 00140001		2. Exact name of the Corporation LACHARITE CHIROPRACTIC, INC.			
3. Principal Office Address 1681 CRANSTON STREET			City CRANSTON	State RI	Zip 02920
4. NAICS Code 621310		6. Brief description of the character of business conducted in Rhode Island THE PRACTICE OF CHIROPRACTIC HEALTHCARE.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID LACHARITE			Vice-President Name		
Street Address 1681 CRANSTON STREET			Street Address		
City CRANSTON	State RI	Zip 02920	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 DAVID LACHARITE			Director Name		
Street Address 1681 CRANSTON STREET			Street Address		
City CRANSTON	State RI	Zip 02920	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		
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 DAVID LACHARITE - PRESIDENT				Date 1-27-2024	
Signature of Authorized Representative 					

MAIL TO:
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