



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**  
MAR 12 2024

BY *[Signature]*  
*[Signature]*

1. Entity ID Number <b>116048</b>		2. Exact name of the Corporation <b>Apponaug Chiropractic Center Incorporated</b>			
3. Principal Office Address <b>2525 Post Road</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>621310</b>		6. Brief description of the character of business conducted in Rhode Island <b>Chiropractic Wellness Center</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Christopher Caliri</b>			Vice-President Name		
Street Address <b>80 Partridge Run</b>			Street Address		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Secretary Name <b>Christopher Caliri</b>			Treasurer Name		
Street Address <b>80 Partridge Run</b>			Street Address		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	No 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. <b>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.</b>					
Name of Authorized Representative <b>Christopher Caliri</b>				Date <b>3/5/2024</b>	
Signature of Authorized Representative <i>Christopher Caliri</i>					

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov