



State of Rhode Island
Department of State - Business Services Division

APR 08 2024

1257 02

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.

1. Entity ID Number 001669337		2. Exact name of the Corporation ALGIERE CHIROPRACTIC, INC.			
3. Principal Office Address 1133 Main Street			City WYOMING	State RI	Zip 02898
4. NAICS Code 621310		6. Brief description of the character of business conducted in Rhode Island Chiropractic alternative medicine practice			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Benjamin J. Algiera			Vice-President Name N/A		
Street Address 10 RIVER MEADOW DRIVE			Street Address		
City Hope Valley	State RI	Zip 02832	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			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
		1,000		STK	# 0.0100
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 Benjamin J. Algiera D.C.					Date 4.3.24
Signature of Authorized Representative Benjamin J. Algiera D.C.					

MAIL TO:
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