



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.

REC'D RIDOS BSD  
24 APR 12 PM 1:16:16

1. Entity ID Number 145968		2. Exact name of the Corporation SUSAN M. DONAHUE, D.C., LTD.			
3. Principal Office Address 63 EDDIE DOWLING HIGHWAY			City NORTH SMITHFIELD	State RI	Zip 02896
4. NAICS Code 621310		6. Brief description of the character of business conducted in Rhode Island CHIROPRACTIC AND WELLNESS SERVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name SUSAN M. DONAHUE, D.C.			Vice-President Name SUSAN M. DONAHUE, D.C.		
Street Address 63 EDDIE DOWLING HIGHWAY			Street Address 63 EDDIE DOWLING HIGHWAY		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
Secretary Name SUSAN M. DONAHUE, D.C.			Treasurer Name SUSAN M. DONAHUE, D.C.		
Street Address 63 EDDIE DOWLING HIGHWAY			Street Address 63 EDDIE DOWLING HIGHWAY		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name SUSAN M. DONAHUE, D.C.			Director Name		
Street Address 63 EDDIE DOWLING HIGHWAY			Street Address		
City NORTH SMITHFIELD	State RI	Zip 02896	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.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			100 SHARES	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 SUSAN M. DONAHUE, D.C., PRESIDENT					Date 4/1/24
Signature of Authorized Representative <i>Susan M. Donahue, D.C. Pres.</i>					FILED APR 12 2024 BY <i>vv246</i> <i>ABC</i>

MAIL TO:  
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