



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**  
APR 24 2024  
BY *[Signature]*

1. Entity ID Number <b>115962</b>		2. Exact name of the Corporation <b>HABER DIBONI CHIROPRACTIC LTD</b>			
3. Principal Office Address <b>14 CEDAR SWAMP ROAD</b>			City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>
4. NAICS Code <b>621310</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO OWN, MANAGE AND OTHERWISE CONDUCT THE PROFESSIONAL BUSINESS OF A CHIROPRACTIC MEDICAL PRACTIC</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>LORRI HABER DIBONI</b>			Vice-President Name <b>NONE</b>		
Street Address <b>1261 PHEONIX AVE</b> <i>Phenix</i>			Street Address		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City	State	Zip
Secretary Name <b>NONE</b>			Treasurer Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			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 <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		PAR VALUE
			<b>200</b>	<b>COMMON</b>	<b>\$.01</b>
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>LORRI HABER DIBONI</b>				Date <b>4-22-24</b>	
Signature of Authorized Representative <i>L. Haber-Diboni</i>					

MAIL TO:  
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