



State of Rhode Island
Department of State - Business Services Division

FILED

MAY 03 2024
 BY 1541
 QS

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 115236		2. Exact name of the Corporation FOUR WINDS CHIROPRACTIC, INC.			
3. Principal Office Address 2006 NOOSENECK HILL ROAD			City COVENTRY	State RI	Zip 02816
4. NAICS Code 62-HEALTH CARE AND		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE CHIROPRACTIC AND PHYSIOTHERAPY CARE.			
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 JEFFREY J. TOSCH, DC			Vice-President Name JEFFREY J. TOSCH, DC		
Street Address 2006 NOOSENECK HILL ROAD			Street Address 2006 NOOSENECK HILL ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
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			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 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
			100	COMMON	NO PAR
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 JEFFREY J. TOSCH, DC					Date 4-17-24
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov