



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

MAY 21 2024

BY

14516
DS

1. Entity ID Number 000068366		2. Exact name of the Corporation DR. ROBERT A. L'EUROPA, LTD.			
3. Principal Office Address 1528 Cranston Street			City Cranston	State RI	Zip 02920
4. NAICS Code 621391		6. Brief description of the character of business conducted in Rhode Island Practice of chiropractic medicine and physical therapy			
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 Robert A. L'Europa, D.C.			Vice-President Name Robert A. L'Europa, D.C.		
Street Address 1528 Cranston Street			Street Address 1528 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Robert A. L'Europa, D.C.			Treasurer Name Robert A. L'Europa, D.C.		
Street Address 1528 Cranston Street			Street Address 1528 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert A. L'Europa, D.C.			Director Name		
Street Address 1528 Cranston Street			Street Address		
City Cranston	State RI	Zip 02920	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
			1,000		CNP
					PAR VALUE
					\$0.0000
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 Robert A. L'Europa, D.C.					Date 5/16/24
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

FORM 630 - Revised: 2/2023