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State of Rhode Island

Department of State - Business Services Division

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Annual	Report for the year:	2025	

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g period: February 1 - May 1 g Fee: \$50.00

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BY 73102	N/	1005 85 111:38

1. Entity ID Number Apponaug Chiropratic Center Incorporated 1.6048 2. Exact name of the Corporation Apponaug Chiropratic Center Incorporated 2. State Zip Q2886 2. State RI Q2886 2. State RI Q2886 2. State RI Q2886 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island Chiropratic Wellness Center 6. State of Incorporation Rhode Island Chiropratic Wellness Center 6. State of Incorporation Rhode Island Chiropratic Wellness Center 6. State of Incorporation Rhode Island Chiropratic Wellness Center 6. State of Incorporation Rhode Island Chiropratic Wellness Center 6. State of Incorporation Rhode Island Chiropratic Wellness Center 6. State of Incorporation Rhode Island Chiropratic Wellness Center 6. State of Incorporation Rhode Island Chiropratic Wellness Center 6. State of Incorporation Rhode Island Chiropratic Wellness Center 6. State of Incorporation Rhode Island Chiropratic Wellness Center 6. State Name Street Address 6. State RI State Zip City State Zip Check the box to indicate an attachment Director Name 6. State Address 6. State Zip City State Zip 6. State Zip 7. State Zip 7. State Zip 8. S	→ Penalty: Additional \$25	5.00 fee if form is no	ot filed by May 31.				220	
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Chiropratic Wellness Center 5. State of Incorporation Rhode Island 7. List ALL officers (names and addresses) Check the box to Indicate an attachment President Name Christopher Calini Street Address 80 Partridge Run City East Greenwich State RI Zip 02818 City State Zip Check the box to indicate an attachment Director Name Street Address City State Zip Check the box to indicate an attachment Director Name Director Name Director Name Director Name Orector Name City State Zip Orector Name Street Address City State Zip City State Zip Orector Name Street Address City State Zip Orector Name Street Address City State Zip Orector Name Street Address City State Zip Orector Name Numerior States Check the box to indicate an attachment City Numerior States Check the box to indicate an attachment City Numerior States Check the box to indicate an attachment City Numerior States Check the box to indicate an attachment City Numerior States Check the box to indicate an attachment City Numerior States Check the box to indicate an attachment City No Par Value Numerior States Common No Par Value Changes require an additional filing.	•				 ck			
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	Under penalty of perjury, I d	declare and affirm t	that I have examine	ed this repor		companying	schedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date			herein are true an	d correct.		IData		
Christopher Caliri 2/5/2025	·							
Signature of Authorized Representative	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			· · · · · · · · · · · · · · · · · · ·				
Christopha Colisi	MAIL TO:	- Colin						

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov