RI SOS Filing Number: 202566221170 Date: 2/24/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
FEB 24 2025
BY 2915

Annual Report for the year: 2025
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	2. Exact name of the Corporation
000559653	PILLONI FAMILY CHIROPRACTIC INC

3. Principal Office Address	City	State	Zip
2797 POST ROAD	WARWICK	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621310	CHIROPRACTIC SERVICES
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
DAVID H PILLONI	DAVID PILLONI
Street Address: 2797 POST RD	Street Address:
City: WARWICK State: RI Zip: 02886	City: State: Zip:
Secretary Name: DAVID PILLONI	Treasurer Name: DAVID PILLONI
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
DAVID H PILLONI	
Street Address: 2797 POST RD	Street Address:
City: WARWICK State: RI Zip: 02886	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	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	Date
ATT. THOMAS A HANLEY	2/8/2025

Signature of Authorized Representative: Thomas A Hanley Esq.

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: 11/2021