



State of Rhode Island

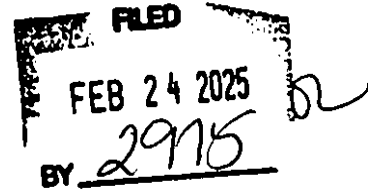
Department of State - Business Services Division

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 008559653		2. Exact name of the Corporation PILLONI FAMILY CHIROPRACTIC INC			
3. Principal Office Address 2797 POST ROAD		City WARWICK		State RI	Zip 02886
4. NAICS Code 621310		6. Brief description of the character of business conducted in Rhode Island CHIROPRACTIC SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name DAVID H PILLONI			Vice-President Name 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 DAVID H PILLONI			Director Name		
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 200	CLASS/SERIES COMMON	PAR VALUE 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 ATT. THOMAS A HANLEY				Date 2/8/2025	
Signature of Authorized Representative <i>Thomas A Hanley Esq.</i>					

MAIL TO:

Division of Business Services

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