



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Professional Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 000039113

2. Name of Corporation Alan R. Post D.C. Inc.

3. Street Address Principal Business Office:

No. and Street: 374 GILBERT STUART ROAD
NO. KINGSTOWN, RI 02852

City or Town: SAUNDERSTOWN State: RI Zip: 02874 Country: USA

4. Business Phone No.

4012949550

5. State of Incorporation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621310

6. Brief Description of the Character of Business Conducted in Rhode Island

CHIROPRACTIC HEALTH CARE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	CHRISTINE R POST	374 GILBERT STUART RD. SAUNDERSTOWN, RI 02874 US
PRESIDENT	ALAN R POST DC	374 GILBERT STUART ROAD SAUNDERSTOWN, RI 02874- USA
PRES	DR. ALAN R POST	1130 TEN ROD RD SUITE D204 NO. KINGSTOWN, RI 02852 UNI
OTHER OFFICER	ALAN POST	1130 TEN ROD RD SUITE D204 NO. KINGSTOWN, RI 02852 UNI

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	100.00	0

9. 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.

Signed this 6 Day of March, 2025 at 8:50:53 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ALAN R. POST D.C.

Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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