



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 24 2025

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.

can BY 5996

1. Entity ID Number 140534		2. Exact name of the Corporation Robert Campbell, D.C., Professional Corporation			
3. Principal Office Address 259 Post Road			City Westerly	State RI	Zip 02891
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island to engage in chiropractic care			
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 Campbell, D.C.			Vice-President Name		
Street Address 259 Post Road			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name Robert Campbell, D.C.			Treasurer Name Robert Campbell, D.C.		
Street Address 259 Post Road			Street Address 259 Post Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			1000		PAR VALUE
			common		\$0.01
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 Campbell					Date 3-19-2025
Signature of Authorized Representative <i>Robert Campbell, D.C., PC</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov