



State of Rhode Island  
Department of State - Business Services Division

FILED

MAR 24 2025

Annual Report for the year: ~~2024~~ 2025  
Corporation

(CB)

BY 1291

- 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 <u>001669337</u>		2. Exact name of the Corporation <u>ALGIERE CHIROPRACTIC, INC.</u>			
3. Principal Office Address <u>1133 MAIN ST.</u>			City <u>WYOMING</u>	State <u>RI</u>	Zip <u>02898</u>
4. NAICS Code <u>621310</u>		6. Brief description of the character of business conducted in Rhode Island <u>Chiropractic Alternative medicine practice</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Benjamin J Algieri</u>			Vice-President Name <u>N/A</u>		
Street Address <u>6 RIVER MEADOW DR.</u>			Street Address		
City <u>Hope Valley</u>	State <u>RI</u>	Zip <u>02832</u>	City	State	Zip
Secretary Name <u>N/A</u>			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>N/A</u>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>1,000</u>		<u>STK</u>	<u>#0.0100</u>
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. <b>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.</b>					
Name of Authorized Representative <u>BENJAMIN J ALGIERE</u>					Date <u>2/1/25</u>
Signature of Authorized Representative <u>Benjamin J Algieri</u>					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov