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State of Rhode Island
Department of State - Business Services Division

FILED STAMP
APR 08 2025
BY 6637

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
000146601	LACHARITE CHIROPRACTIC, INC.

3. Principal Office Address	City	State	Zip
1681 CRANSTON STREET	CRANSTON	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621310	THE PRACTICE OF CHIROPRACTIC HEALTHCARE
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 LACHARITE	
Street Address: 1681 CRANSTON STREET	Street Address
City: CRANSTON, State: RI, Zip: 02920	City, State, Zip
Secretary Name	Treasurer Name
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 LACHARITE	
Street Address: 1681 CRANSTON STREET	Street Address
City: CRANSTON, State: RI, Zip: 02920	City, State, Zip
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

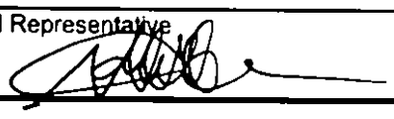
9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	300	COMMON	0.00

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
DAVID LACHARITE - PRESIDENT	1-25-2025

Signature of Authorized Representative



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 12/2023