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.

STAMP

RECD RIDOS BSD
25 MAY 16 AM 9:53:4

1. Entity ID Number	2. Exact name of the Corporation			
000068366	DR. ROBERT A. L'EUROPA, LTD.			
3. Principal Office Address		City	State	Zip
1528 Cranston Street		Cranston	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
621391	Practice of chiropractic medicine and physical therapy			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Robert A. L'Europa, D.C.			Vice-President Name: Robert A. L'Europa, D.C.		
Street Address: 1528 Cranston Street			Street Address: 1528 Cranston Street		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Secretary Name: Robert A. L'Europa, D.C.			Treasurer Name: Robert A. L'Europa, D.C.		
Street Address: 1528 Cranston Street			Street Address: 1528 Cranston Street		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Robert A. L'Europa, D.C.			Director Name		
Street Address: 1528 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

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	CLASS/SERIES	PAR VALUE
1,000	CNP	$0.0000

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 A. L'Europa, D.C.

Date: 4/22/25

Signature of Authorized Representative

FILED
MAY 16 2025
BY ee 14575

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