



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

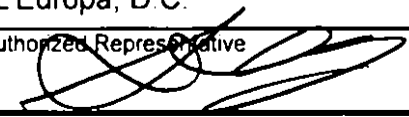
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 25 MAY 16 AM 9:58:41

1 Entity ID Number 000068366		2 Exact name of the Corporation DR. ROBERT A. L'EUROPA, LTD.												
3 Principal Office Address 1528 Cranston Street			City Cranston	State RI	Zip 02920									
4 NAICS Code 621391	6. Brief description of the character of business conducted in Rhode Island 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			10. Shares Issued Check the box to indicate an attachment ☐											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>CNP</td> <td>\$0.0000</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	CNP	\$0.0000			
			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 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