FILED
JUL 07 2025
BY_____

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.

1. Entity ID Number	2. Exact name of the Corporation
000115962	HABER-DIBONI CHIROPRACTIC LTD

3. Principal Office Address	City	State	Zip
14 CEDAR SWAMP ROAD	SMITHFIELD	RI	02917

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621310	TO OWN, MANAGE AND OTHERWISE CONDUCT THE PROFESSIONAL BUSINESS OF A CHIROPRACTIC MEDICAL PRACTICE
5. State of Incorporation: RI	

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

President Name: LORRI HABER DIBONI	Vice-President Name: NONE
Street Address: 1261 PHENIX AVE	Street Address:
City: CRANSTON State: RI Zip: 02921	City: State: Zip:
Secretary Name: NONE	Treasurer Name: NONE
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: NONE	Director Name: NONE
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name: NONE	Director Name: NONE
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
200	COMMON	$.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	Date
LORRI HABER DIBONI	7-1-25

Signature of Authorized Representative: Lorri Haber Diboni

FILED
JUN 07 2025
BY 028

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BY_____

MAIL TO:
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