RI SOS Filing Number: 201856574170 Date: 1/19/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

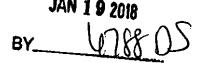
Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
60423		Charles C. Calenda, M.D., Inc.					
3. Principal Office Address			City	-	State	Z <sub>i</sub> p ·	
404 Tollgate Road			Warwick		RI	02886	
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
62 1 ( )	Ophthalmo	Ophthalmology practice and optical shop					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names a	ind addresses)	•			the box to i	ndicate an attachment 🔲	
President Name Charles C. C	Vice-President Name Charles C. Calenda, M.D.						
Street Address 404 Tollgate F	Street Address 404 Tollgate Road						
<sup>City</sup> Warwick	State RI	<sup>Z</sup> 'P <b>02886</b>	City Warwick		State RI	<sup>Zıp</sup> 02886	
Secretary Name Charles C. Calenda, M.D.			Treasurer Name Charles C. Calenda, M.D.				
Street Address 404 Tollgate Road			Street Address 404 Tollgate Road				
City Warwick	State RI	Zip <b>02886</b>	City Warwick		State RI	<sup>Zip</sup> 02886	
8. List ALL directors (names	and addresses)	. 1		Check	k the box to	indicate an attachment	
Director Name			Director Name	•			
Street Address			Street Address				
				_			
City	State	Zıp	City		State Zip		
Director Name			Director Name				
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Addres	S			
City	State	7ip	City		State	Zip	
9. Shares Authorized	<u> </u>	10. Shares Is	sund	Chaol	the box to	indicate an attachment 🗖	
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 attachmen  NUMBER OF SHARES CLASS/SERIES PAR VALUE  OF SHARES CLASS/SERIES PAR VALUE				
		100	100			No Par	
					· ·		
11. This report must be exec	uted on behalf of the	corporation by an	authorized repre	I sentative, If the corp	oration is in	the hands of a receiver or	
trustee, this report must be a	executed on behalf of	the corporation by	the receiver or to	rustee.			
Under penalty of perjury, I statements, and that all sta			•	including any acco	mpanying s	schedules and	
Name of Authorized Represe		more made a			Date /	1 /	
Charles C. Calenda, M.D.	•				1/1	1/18	
Signature of Authorized Rep	resentative	27					
K Charl	<u>4</u> C	a Xe	FIL	ED			

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: 10/2017