



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 93891		2. Exact name of the Corporation SEOK S LEE, MD, PROFESSIONAL CORPORATION			
3. Principal office address 126 PROSPECT STREET		City PAWTUCKET	State RI	Zip 02860	
4. Business Phone No. (401) 726-2228		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island RENDERING CORPORATE SERVICES AS A CERTIFIED MEDICAL DOCTOR					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name SEOK S LEE, MD			Vice-President Name		
Street Address 184 PRESIDENT AVE			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Secretary Name SEOK S LEE, MD			Treasurer Name		
Street Address 184 PRESIDENT AVE			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name SEOK S LEE, MD			Director Name		
Street Address 184 PRESIDENT AVE			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					

2013 FEB 12 PM 2:18
 SECRETARY OF STATE
 DIVISION OF BUSINESS SERVICES

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.

File Date _____
 Check No _____
 By: _____

FILED 210

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.

Seok S Lee 02/12/2013
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY FEB 12 2013

SEOK S LEE, MD
 Print or Type Name of Authorized Representative

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