



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. 107853		2. Exact name of the Corporation Beverly C. Walters, M.D., Inc.		
3. Principal office address 48 N. Court, Unit 3		City Providence	State RI	Zip 02903
4. Business Phone No.		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To Render Professional Services by Persons Authorized to Practice Medicine in the State of Rhode Island				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Beverly C. Walters		Vice-President Name		
Street Address 48 N. Court, Unit 3		Street Address		
City Providence	State RI	Zip 02903	City	State Zip
Secretary Name Beverly C. Walters		Treasurer Name Beverly C. Walters		
Street Address 48 N. Court, Unit 3		Street Address 48 N. Court, Unit 3		
City Providence	State RI	Zip 02903	City Providence	State RI Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Beverly C. Walters		Director Name		
Street Address 48 N. Court, Unit 3		Street Address		
City Providence	State RI	Zip 02903	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.				

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: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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.

Signature of Authorized Representative

Date

Beverly C. Walters

Print or Type Name of Authorized Representative

FEB 20 2013

BY

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