



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 88533		2. Name of Corporation STEVEN B. KIRSCHNER, M.D., INC.			
3. Street Address Principal Business Office 1637 MINERAL SPRING AVENUE, SUITE 207			City NORTH PROVIDENCE	State RI	Zip 02904
4. Business Phone No. 401-353-0900		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island RENDER MEDICAL SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEVEN B. KIRSCHNER, M.D.			Vice President Name		
Street Address 1637 MINERAL SPRING AVENUE, SUITE 207			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	Zip
Secretary Name STEVEN B. KIRSCHNER, M.D.			Treasurer Name STEVEN B. KIRSCHNER, M.D.		
Street Address 1637 MINERAL SPRING AVENUE, SUITE 207			Street Address 1637 MINERAL SPRING AVENUE, SUITE 207		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name STEVEN B. KIRSCHNER, M.D.			Director Name		
Street Address 1637 MINERAL SPRING AVENUE, SUITE 207			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	COMMON	\$1.00	500	COMMON	\$1.00
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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.

FILED

FEB 18 2014

By 19-217552

A.A.

File Date	
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	

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
STEVEN B. KIRSCHNER, M.D.
Print or Type Name
PRESIDENT
Title