



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"/> | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 8,000 | COMMON | \$1.00 | 500 | COMMON | \$1.00 |

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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.

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.

Steven B. Kirschner
Signature _____ Date _____

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

PRESIDENT
Title

File Date _____

Check No. _____

By: _____

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