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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 2014

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.	2. Exact name of the Corporation		
127671	**David Kerzer, D.O., Inc.**		
3. Principal office address: **1500 Pontiac Avenue**	City: **Cranston**	State: **RI**	Zip: **02920**
4. Business Phone No.: **(401) 464-8109**	5. State of Incorporation: **Rhode Island**		
6. Brief description of the character of business conducted in Rhode Island: **Rendering professional medical service**			

President Name: **David G. Kerzer, D.O.**			Vice-President Name: **NONE**		
Street Address: **1500 Pontiac Avenue**			Street Address		
City: **Cranston**	State: **RI**	Zip: **02920**	City	State	Zip
Secretary Name: **David G. Kerzer, D.O.**			Treasurer Name: **David G. Kerzer, D.O.**		
Street Address: **1500 Pontiac Avenue**			Street Address: **1500 Pontiac Avenue**		
City: **Cranston**	State: **RI**	Zip: **02920**	City: **Cranston**	State: **RI**	Zip: **02920**
Director Name: **David G. Kerzer, D.O.**			Director Name		
Street Address: **1500 Pontiac Avenue**			Street Address		
City: **Cranston**	State: **RI**	Zip: **02920**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
None	Common	0

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.

[redacted]

FILED
MAR 20 2014
BY 5247

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.

3/7/14
Signature of Authorized Representative — Date

David G. Kerzer, D.O., President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

104761-10-953315