



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 **2015**

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. 64398		2. Exact name of the Corporation STEVEN F. KARLIN, M.D., LTD.			
3. Principal office address 10 ECHO DRIVE		City BARRINGTON		State RI	Zip 02806
4. Business Phone No. (401) 245-1665		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island OPERATING AN OFFICE IN THE PRACTICE OF PSYCHIATRY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name STEVEN F. KARLIN, M.D.			Vice-President Name STEVEN F. KARLIN, M.D.		
Street Address 10 ECHO DRIVE			Street Address 10 ECHO DRIVE		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Secretary Name STEVEN F. KARLIN, M.D.			Treasurer Name STEVEN F. KARLIN, M.D.		
Street Address 10 ECHO DRIVE			Street Address 10 ECHO DRIVE		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name STEVEN F. KARLIN, M.D.			Director Name NONE		
Street Address 10 ECHO DRIVE			Street Address		
City BARRINGTON	State RI	Zip 02806	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" 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

Form No. 630
Revised: 01/2012

FILED

FEB 04 2015

BY 1079

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 F. Karlin MD 1/28/2015
Signature of Authorized Representative Date

STEVEN F. KARLIN, M.D., PRESIDENT

Print or Type Name of Authorized Representative