



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. 93891		2. Exact name of the Corporation SEOK S LEE, MD, PROFESSIONAL CORPORATION			
3. Principal office address 126 PROSPECT STREET			City PAWTUCKET	State RI	Zip 02860
4. Business Phone No. (401) 726-2228		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island RENDERING CORPORATE SERVICES AS A CERTIFIED MEDICAL DOCOR					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name SEOK S LEE, MD			Vice-President Name		
Street Address 184 PRESIDENT AVE			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Secretary Name SEOK S LEE, MD			Treasurer Name		
Street Address 184 PRESIDENT AVE			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name SEOK S LEE, MD			Director Name		
Street Address 184 PRESIDENT AVE			Street Address		
City PROVIDENCE	State RI	Zip 02906	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.					
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SECRETARY OF STATE
 CORPORATIONS DIV
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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.

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.

FILED
FEB 20 2015

Seok S. Lee MD 02/18/2015
 Signature of Authorized Representative Date

SEOK S LEE, MD
 Print or Type Name of Authorized Representative

BY 272785