



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 **2016**

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. 37186		2. Exact name of the Corporation Christopher C. Way, M.D.	
3. Principal office address 1150 Reservoir Avenue, Suite 204		City Cranston	State RI
		Zip 02920	
4. Business Phone No. 401/942-0210		5. State of Incorporation RHODE ISLAND	
6. Brief description of the character of business conducted in Rhode Island General practice of ophthalmology.			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Christopher C. Way, M.D.		Vice-President Name	
Street Address 1150 Reservoir Avenue		Street Address	
City Cranston	State RI	Zip 02920	City
Secretary Name Christopher C. Way, M.D.		Treasurer Name Christopher C. Way, M.D.	
Street Address 1150 Reservoir Avenue		Street Address 1150 Reservoir Avenue	
City Cranston	State RI	Zip 02920	City Cranston
		State RI	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Christopher C. Way, M.D.		Director Name	
Street Address 1150 Reservoir 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	
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.		NUMBER OF SHARES	CLASS/SERIES
		100	Common Stock
			PAR VALUE
			No Par Value

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 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

FILED
JAN 13 2016
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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.

Christopher C. Way, M.D. 12/31/15
 Signature of Authorized Representative Date

CHRISTOPHER C. WAY, M.D., President
 Print or Type Name of Authorized Representative