



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

Secretary of State – Division of Business Services
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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. 116050		2. Name of Corporation Alfred A. Paul, M.D. and Lin Chou, M.D., Inc.			
3. Street Address Principal Business Office 465 East Avenue			City Pawtucket	State RI	Zip 02860
4. Business Phone No. (401) 728-9350		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To render professional medical services to the general public by persons authorized to practice medicine in the state of Rhode Island, including but not limited to the practice of ophthalmology.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Alfred A. Paul, M.D.			Vice President Name Lin Chou, M.D.		
Street Address 465 East Avenue			Street Address 465 East Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Lin Chou, M.D.			Treasurer Name Lin Chou, M.D.		
Street Address 465 East Avenue			Street Address 465 East Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Alfred A. Paul, M.D.			Director Name Lin Chou, M.D.		
Street Address 465 East Avenue			Street Address 465 East Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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"/>		
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	
300 shares common stock of no par value					

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

IAN 14 2016
HL 5112

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.

Alfred A. Paul MD 12/30/15
Signature Date

Alfred A. Paul, M.D.

Print or Type Name

President

Title

File Date _____
Check No. _____
By: _____
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