



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. 791187 | | 2. Exact name of the Corporation William T. Chen Medical, Inc. | | | |
| 3. Principal office address 33 Staniford Street | | City Providence | | State RI | Zip 02905 |
| 4. Business Phone No. 401-421-8800 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief description of the character of business conducted in Rhode Island To engage in the practice of Medicine | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name William T. Chen, M.D. | | | Vice-President Name | | |
| Street Address 33 Staniford Street | | | Street Address | | |
| City Providence | State RI | Zip 02905 | City | State | Zip |
| Secretary Name William T. Chen, M.D. | | | Treasurer Name William T. Chen, M.D. | | |
| Street Address 33 Staniford Street | | | Street Address 33 Staniford Street | | |
| City Providence | State RI | Zip 02905 | City Providence | State RI | Zip 02905 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name William T. Chen, M.D. | | | Director Name | | |
| Street Address 33 Staniford Street | | | Street Address | | |
| City Providence | State RI | Zip 02905 | 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 | PAR VALUE |
| | | | 8000 | STK | \$.01 |
| | | | | | |

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 25 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.

William T. Chen

Signature of Authorized Representative

Date

William T. Chen, M.D.

Print or Type Name of Authorized Representative