



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. 101901		2. Exact name of the Corporation DUANE T. GOLOMB, M.D., INC.			
3. Principal office address 595 WASHINGTON STREET		City COVENTRY		State RI	Zip 02816
4. Business Phone No. 401-822-2772		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO PROVIDE MEDICAL AND ASSOCIATED HEALTH CARE SERVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name DUANE T. GOLOMB			Vice-President Name VACANT		
Street Address 1107 MAIN STREET			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Secretary Name DUANE T. GOLOMB			Treasurer Name DUANE T. GOLOMB		
Street Address 1107 MAIN STREET			Street Address 1107 MAIN STREET		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name DUANE T. GOLOMB			Director Name		
Street Address 1107 MAIN STREET			Street Address		
City COVENTRY	State RI	Zip 02816	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) ☐		
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	COMMON	NPV

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.

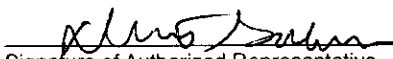
File Date _____

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.

 1/19/16
Signature of Authorized Representative Date

DUANE T. GOLOMB

Print or Type Name of Authorized Representative

FILED

JAN 25 2016

HL 2676