



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. <b>56989</b>		2. Exact name of the Corporation <b>Marc A. Jaffe, M.D., Inc.</b>			
3. Principal office address <b>38 Amaral Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
4. Business Phone No.		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Professional Service Corporation</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Marc A. Jaffe</b>		Vice-President Name			
Street Address <b>36 Mallard Cove Way</b>		Street Address			
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City	State	Zip
Secretary Name <b>Marc A. Jaffe</b>		Treasurer Name <b>Marc A. Jaffe</b>			
Street Address <b>36 Mallard Cove Way</b>		Street Address <b>36 Mallard Cove Way</b>			
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Marc A. Jaffe</b>		Director Name			
Street Address <b>36 Mallard Cove Way</b>		Street Address			
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	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
			2000	Common	No Par

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 Date \_\_\_\_\_  
 of \_\_\_\_\_  
 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.

Marc A. Jaffe 1/23/16  
 Signature of Authorized Representative Date  
**Marc A. Jaffe**  
 Print or Type Name of Authorized Representative

**FILED**  
 FEB 01 2016  
 KL 6106