



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

**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. 159997		2. Name of Corporation ADVANCED SPINE AND PAIN MANAGEMENT, INC.		
3. Street Address Principal Business Office 25 Wells Street		City Westerly	State RI	Zip 02891
4. Business Phone No. 401-348-3865		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island medical practice specializing in pain management				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Adrian K. Hamburger, M.D.		Vice President Name		
Street Address 25 Wells Street		Street Address		
City Westerly	State RI	Zip 02891	City	State RI
Secretary Name Adrian K. Hamburger, M.D.		Treasurer Name Adrian K. Hamburger, M.D.		
Street Address 25 Wells Street		Street Address 25 Wells Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Adrian K. Hamburger, M.D.		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares 100	Class/Series common	Par Value 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**

FEB 12 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.

Signature: [Signature] Date: 02/06/16

Print or Type Name: ADRIAN HAMBURGER

Title: PRESIDENT

File Date \_\_\_\_\_ BY \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
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