



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. 124188		2. Exact name of the Corporation L. SKOBLE, MD, INC.			
3. Principal office address 28 Donizetti Road		City Westerly	State RI	Zip 02891	
4. Business Phone No. 401-348-9947		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 and to own and operate a medical clinic					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Luisa Skoble, M.D.			Vice-President Name Luisa Skoble, M.D.		
Street Address 28 Donizetti Road			Street Address 28 Donizetti Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Luisa Skoble, M.D.			Treasurer Name Luisa Skoble, M.D.		
Street Address 28 Donizetti Road			Street Address 28 Donizetti Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Luisa Skoble, M.D.			Director Name		
Street Address 28 Donizetti Road			Street Address		
City Westerly	State RI	Zip 02891	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
			100	Common	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.

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.

FILED

FEB 16 2016

Signature of Authorized Representative

2/9/2016
Date

Luisa Skoble, M.D.

Print or Type Name of Authorized Representative

BY 2135 DS