



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. 69647		2. Exact name of the Corporation Bruce S. Bennett, Ltd.			
3. Principal office address 346 Cowden Street			City Central Falls	State RI	Zip 02863
4. Business Phone No. (508) 265-9988		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island provide anesthesia services					
OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Bruce S. Bennett			Vice-President Name Bruce S. Bennett		
Street Address 330 Cole Street			Street Address 330 Cole Street		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Bruce S. Bennett			Treasurer Name Bruce S. Bennett		
Street Address 330 Cole Street			Street Address 330 Cole Street		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Bruce S. Bennett			Director Name		
Street Address 330 Cole Street			Street Address		
City Seekonk	State MA	Zip 02771	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: _____
 Checked: _____
 BY: _____
 FOR SECRETARY OF STATE USE ONLY

FILED *a*
 FEB 18 2016
 3700

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.

Bruce S. Bennett 2/12/16
 Signature of Authorized Representative Date
Bruce S. Bennett
 Print or Type Name of Authorized Representative