



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

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000144599

2. Name of Corporation M. David Beitle, M.D., Inc.

3. Street Address Principal Business Office:

No. and Street: 235 PLAIN STREET
SUITE 101A

City or Town: PROVIDENCE State: RI Zip: 02905 Country: USA

4. Business Phone No.

401-274-1533

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

TO RENDER PROFESSIONAL MEDICAL SERVICES BY PHYSICIANS SPECIALIZING IN
OBSTETRICS AND GYNOCOLGY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	M. DAVID BEITL, MD	55E NYATT ROAD BARRINGTON, RI 02806 USA
SECRETARY	M. DAVID BEITL, MD	55E NYATT ROAD BARRINGTON, RI 02806 USA
PRESIDENT	M. DAVID BEITL MD	55E NYATT ROAD BARRINGTON, RI 02806- USA
DIRECTOR	M. DAVID BEITL, MD	55E NYATT ROAD BARRINGTON, RI 02806 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.0000	8,000.00	1000

9. 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.

Signed this 19 Day of February, 2016 at 9:40:43 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By M. DAVID BEITLE, MD, PRESIDENT
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

