



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

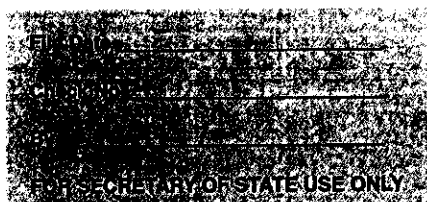
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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. 39301		2. Exact name of the Corporation FREDY P. ROLAND, M.D., LTD.			
3. Principal office address 333 School Street		City Pawtucket		State RI	Zip 02860
4. Business Phone No. 401-722-3552		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island medical services					
7. OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Fredy P. Roland			Vice-President Name Fredy P. Roland		
Street Address 333 School Street			Street Address 333 School Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Fredy P. Roland			Treasurer Name Fredy P. Roland		
Street Address 333 School Street			Street Address 333 School Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Fredy P. Roland			Director Name		
Street Address 333 School Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
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.					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1000		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.



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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 of Authorized Representative

Fredy P. Roland, President

Print or Type Name of Authorized Representative

Date

2/18/16