



**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.<br>88054  |             | 2. Exact name of the Corporation<br>Ronald P. Marsh, Inc.                  |              |              |
| 3. Principal office address<br>11 King Charles Dr.   |             | City<br>Portsmouth   | State<br>RI  | Zip<br>02871 |
| 4. Business Phone No.<br>401-683-1941  |             | 5. State of Incorporation<br>Rhode Island                                  |              |              |
| 6. Brief description of the character of business conducted in Rhode Island<br>Chiropractic doctor's office  |             |  |              |              |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>  |             |  |              |              |
| President Name<br>Ronald P. Marsh  |             | Vice-President Name<br>none  |              |              |
| Street Address<br>48 Four Rod way  |             | Street Address   |              |              |
| City<br>Tiverton   | State<br>RI | Zip<br>02878   | City         | State<br>Zip |
| Secretary Name<br>none   |             | Treasurer Name<br>none   |              |              |
| Street Address   |             | Street Address   |              |              |
| City   | State       | Zip  | City         | State<br>Zip |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>   |             |  |              |              |
| Director Name<br>none  |             | Director Name  |              |              |
| Street Address   |             | Street Address   |              |              |
| City   | State       | Zip  | City         | State<br>Zip |
| Director Name  |             | Director Name  |              |              |
| Street Address   |             | Street Address   |              |              |
| City   | State       | Zip  | City         | State<br>Zip |
| <b>9. SHARES AUTHORIZED</b>  |             | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |              |              |
| 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.<br>8,000 - no par value |             | NUMBER OF SHARES   | CLASS/SERIES | PAR VALUE    |
|  |             | none   |              |              |
|  |             |  |              |              |

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**

**FILED**

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qv HCL 267

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.

Ronald P. Marsh 2-29-16  
 Signature of Authorized Representative Date

Ronald P. Marsh  
 Print or Type Name of Authorized Representative