



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2611
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 89818		2. Name of Corporation Dr. Michael C. Souza, Inc.			
3. Street Address Principal Business Office 2761 Pawtucket Avenue			City East Providence	State RI	Zip 02914
4. Business Phone No. 401-434-3350		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To provide Primary Medical care					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dr. Michael C. Souza			Vice President Name None		
Street Address 2761 Pawtucket Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Dr. Michael C. Souza			Treasurer Name Dr. Michael C. Souza		
Street Address 2761 Pawtucket Avenue			Street Address 2761 Pawtucket Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 1000	Class/Series common	Par Value \$.01

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.

FILED *02*

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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 *[Signature]* Date *2/27/16*

Dr. Michael C. Souza

President

Title

File Date _____ 2016

Check No. _____

By: _____

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