

**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. 000858917		2. Exact name of the Corporation OBSTETRICAL ASSOCIATES, INC.			
3. Principal office address 1565 NORTH MAIN STREET, SUITE 506			City FALL RIVER	State MA	Zip 02720
4. Business Phone No. 508-730-1666		5. State of Incorporation MA			
6. Brief description of the character of business conducted in Rhode Island  MEDICAL SERVICES					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>					
President Name STEPHEN T GAGLIARDI			Vice-President Name STEPHEN T GAGLIARDI		
Street Address 1707 HIGHLAND AVENUE			Street Address 1707 HIGHLAND AVENUE		
City FALL RIVER	State MA	Zip 02720	City FALL RIVER	State MA	Zip 02720
Secretary Name STEPHEN T GAGLIARDI			Treasurer Name STEPHEN T GAGLIARDI		
Street Address 1707 HIGHLAND AVENUE			Street Address 1707 HIGHLAND AVENUE		
City FALL RIVER	State MA	Zip 02720	City FALL RIVER	State MA	Zip 02720
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>					
Director Name STEPHEN T GAGLIARDI			Director Name		
Street Address 1707 HIGHLAND AVENUE			Street Address		
City FALL RIVER	State MA	Zip 02720	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</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.					
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
75		COMMON		0	

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**  
 MAR 17 2016

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 \_\_\_\_\_ Date \_\_\_\_\_  
 STEPHEN GAGLIARDI  
 Print or Type Name of Authorized Representative

BY 5031 OS