



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. 80126		2. Exact name of the Corporation Cardiology Specialists, Ltd.			
3. Principal office address 45 Wells Street, Suite 102		City Westerly	State RI	Zip 02891	
4. Business Phone No. 401-596-4499		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island The rendering of professional services of physicians and surgeons					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Howard L. Haronian		Vice-President Name Steven M. Kutz			
Street Address 45 Wells Street, Suite 102		Street Address 45 Wells Street			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Jon F. Scheiber		Treasurer Name Steven M. Kutz			
Street Address 45 Wells Street, Suite 102		Street Address 45 Wells Street			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐			
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED
MAR 28 2016
BY 2157

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

Print or Type Name of Authorized Representative