



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

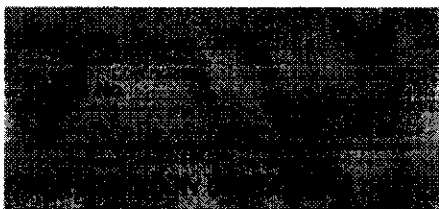
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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. 14526		2. Exact name of the Corporation SRIPATHI A.S. KARANTH, M.D., INC.			
3. Principal office address 20 CUMBERLAND HILL ROAD		City WOONSOCKET	State RI	Zip 02895	
4. Business Phone No. 401-765-1750		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island RENDERING PROFESSIONAL SERVICES AS A PHYSICIAN					
President Name SRIPATHI A.S. KARANTH			Vice-President Name SRIPATHI W.S. KARANTH		
Street Address 20 CUMBERLAND HILL ROAD			Street Address 30 CUMBERLAND HILL RD		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Secretary Name SRIPATHI A.S. KARANTH			Treasurer Name SRIPATHI A.S. KARANTH		
Street Address 30 CUMBERLAND HILL ROAD			Street Address 20 CUMBERLAND HILL ROAD		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Director Name SRIPATHI A.S. KARANTH			Director Name		
Street Address 20 CUMBERLAND HILL ROAD			Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 100	CLASS/SERIES COMMON	PAR VALUE 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.



FILED

MAR 31 2016

By 271418

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

SRIPATHI A.S. KARANTH, PRESIDENT

Print or Type Name of Authorized Representative