



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. <b>101903</b>		2. Exact name of the Corporation <b>Carine Leconte, M.D., Inc.</b>			
3. Principal office address <b>1150 Reservoir Avenue, Suite 205</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. Business Phone No. <b>(401) 943-9222</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>To carry on all business that a physician licensed to practice medicine in the State of RI might be involved in.</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Carine M. Leconte</b>			Vice-President Name <b>Carine M. Leconte</b>		
Street Address <b>1150 Reservoir Avenue, Suite 205</b>			Street Address <b>same as above</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Secretary Name <b>Carine M. Leconte</b>			Treasurer Name <b>Carine M. Leconte</b>		
Street Address <b>same as above</b>			Street Address <b>same as above</b>		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>None</b>			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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			600	common	no par value

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**

APR 21 2016

BY 3586-14096 DS

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

**Carine M. Leconte, M.D., President**

Print or Type Name of Authorized Representative