



State of Rhode Island and Providence Plantations

Department of State - Business Services Division


Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 96429		2. Exact name of the Corporation T.W. TSCHIRLEY, M.D., Inc.												
3. Principal Office Address 1524 Atwood Avenue; Suite 226		City Johnston		State RI	Zip 02919									
4. NAICS Code 62 - Health Care and Social <input checked="" type="checkbox"/>		6. Brief description of the character of business conducted in Rhode Island To engage in the practice of medicine and provide medical services												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Terry Tschirley			Vice-President Name NONE											
Street Address 91 Fowler Street			Street Address											
City North Kingstown	State RI	Zip 02852	City	State	Zip									
Secretary Name NONE			Treasurer Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>600</td><td>CNP</td><td>0.00</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	600	CNP	0.00			
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600	CNP	0.00												
11. 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. 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.														
Name of Authorized Representative ROBERT E. CRAVEN 					Date 1/3/2017									
Signature of Authorized Representative														

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JAN 10 2017
BY 6477 DS

FORM 630 - Revised: 10/2016