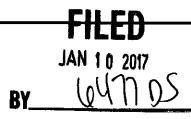
Department of		ness Services	Division				
Annual Report for the Corporation	e year: 201	7	<u></u>				
<ul> <li>→ Filing period: January</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25</li> </ul>		not filed by April 1.					
1. Entity ID Number	2. Exact name of the Corporation						
96429	T.W. TSCH	T.W. TSCHIRLEY, M.D., Inc.					
3. Principal Office Address			City	·	State	Zip	
1524 Atwood Avenue; Suite 226			Johnston		RI	02919	
4. NAICS Code 62 - Health Care and Social		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 an	d addresses)			Che	eck the box to ind	icate an attachment	
President Name Terry Tschirley			Vice-President Name NONE				
Street Address 91 Fowler Street			Street Address				
City North Kingstown	State RI	Zip <b>02852</b>	City		State	Zip	
Secretary Name NONE	Treasurer Name NONE						
Street Address			Street Address				
City	State	Zíp	City		State	Zip	
8. List ALL directors (names a	nd addresses)			Che	eck the box to ind	icate an attachment	
Director Name NONE			Director Name	NONE	•	***	
Street Address	Street Address						
City	State	Zip	City	City		Zip	
Director Name NONE			Director Name NONE				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
Shares Authorized 10. Shares Is							
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
		600	<del> </del>	CNP		0.00	
11. This report must be execute	ed on behalf of the	corporation by an a	authorized repres	entative. If the co	rporation is in the	hands of a receiver	
trustee, this report must be exe Under penalty of perjury, I de statements, and that all state	ecuted on behalf of eclare and affirm tements contained	the corporation by	the receiver or trued this report, in	ustee.			
Name of Authorized Represent		Date					
ROBERT E. CRAVEN		1/3/2017					
Signature of Authorized Repres	sentative		•		·-		

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



FORM 630 - Revised: 10/2016