



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.

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| | | | | | |
|--|--|--|---|-------------------------------|---|
| 1. Entity ID Number 129700 | | 2. Exact name of the Corporation Peris Medical Corporation | | | |
| 3. Principal Office Address 655 Broad Street, 2nd Floor | | City Providence | | State RI | Zip 02907 |
| 4. NAICS Code 62 - Health Care and Social As | 6. Brief description of the character of business conducted in Rhode Island Rendering professional services as a physician | | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Emilio Rodriguez-Peris | | | Vice-President Name Emilio Rodriguez-Peris | | |
| Street Address 655 Broad Street, 2nd Floor | | | Street Address 655 Broad Street, 2nd Floor | | |
| City Providence | State RI | Zip 02907 | City Providence | State RI | Zip 02907 |
| Secretary Name Emilio Rodriguez-Peris | | | Treasurer Name Emilio Rodriguez-Peris | | |
| Street Address 655 Broad Street, 2nd Floor | | | Street Address 655 Broad Street, 2nd Floor | | |
| City Providence | State RI | Zip 02907 | City Providence | State RI | Zip 02907 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Emilio Rodriguez-Peris | | | Director Name | | |
| Street Address 655 Broad Street, 2nd Floor | | | Street Address | | |
| City Providence | State RI | Zip 02907 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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"/> | | |
| | | | NUMBER OF SHARES 100 | CLASS/SERIES Common | PAR VALUE No Par |
| 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 Dr. Emilio Rodriguez-Peris | | | | | Date 1/9/17 |
| Signature of Authorized Representative | | | | | FILED JAN 19 2017 BY An 293523 |

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