State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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BUS SERV DIV
2017 JAN 19 PM 2:21

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	2. Exact name of the Corporation			
129700	**Peris Medical Corporation**			
3. Principal Office Address		City	State	Zip
655 Broad Street, 2nd Floor		**Providence**	**RI**	**02907**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
62 - Health Care and Social Ass	**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 ☐

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 ☐

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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**100**	**Common**	**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 293563

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov