RI SOS Filing Number: 201730683280 Date: 01/23/2017 4:00 PM

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	2. Exact name of the Corporation			
56989	**Marc A. Jaffe, M.D., Inc.**			
3. Principal Office Address		City	State	Zip
38 Amaral Street		**East Providence**	**RI**	**02915**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
	Professional Service Corporation			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Marc A. Jaffe, M.D.**			Vice-President Name		
Street Address **36 Mallard Cove Way**			Street Address		
City **Barrington**	State **RI**	Zip **02806**	City	State	Zip
Secretary Name **Marc A. Jaffe, M.D.**			Treasurer Name **Marc A. Jaffe, M.D.**		
Street Address **36 Mallard Cove Way**			Street Address **36 Mallard Cove Way**		
City **Barrington**	State **RI**	Zip **02806**	City **Barrington**	State **RI**	Zip **02806**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Marc A. Jaffe, M.D.**			Director Name		
Street Address **36 Mallard Cove Way**			Street Address		
City **Barrington**	State **RI**	Zip **02806**	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**2000**	**Common**	**No Par**
Changes require an additional filing.			

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: **Marc A. Jaffe, M.D.** Date: 1/18/17

Signature of Authorized Representative

FILED
JAN 23 2017
BY 658205

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

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