



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 56989		2. Exact name of the Corporation Marc A. Jaffe, M.D., Inc.			
3. Principal Office Address 38 Amaral Street			City East Providence	State RI	Zip 02915
4. NAICS Code <input type="checkbox"/>	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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 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		
			CLASS/SERIES		PAR VALUE
			2000	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 Marc A. Jaffe, M.D.					Date 1/18/17
Signature of Authorized Representative <i>Marc A. Jaffe</i>					

FILED
JAN 23 2017

BY 6582 DS

MAIL TO:
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 Website: www.sos.ri.gov