



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUSINESS SERVICES DIVISION
 2017 JAN 24 AM 11:58

1. Entity ID Number 88533	2. Exact name of the Corporation STEVEN B. KIRSCHNER, M.D., INC.		
3. Principal Office Address 1637 MINERAL SPRING AVENUE, SUITE 207		City NORTH PROVIDENCE	State RI
		Zip 02904	
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island RENDER MEDICAL SERVICES		
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 STEVEN B. KIRSCHNER, M.D.		Vice-President Name	
Street Address 1637 MINERAL SPRING AVENUE, SUITE 207		Street Address	
City NORTH PROVIDENCE	State RI	Zip 02904	City
			State
			Zip
Secretary Name STEVEN B. KIRSCHNER, M.D.		Treasurer Name STEVEN B. KIRSCHNER, M.D.	
Street Address 1637 MINERAL SPRING AVENUE, SUITE 207		Street Address 1637 MINERAL SPRING AVENUE, SUITE 207	
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE
			State RI
			Zip 02904

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name STEVEN B. KIRSCHNER, M.D.		Director Name	
Street Address 1637 MINERAL SPRING AVENUE, SUITE 207		Street Address	
City NORTH PROVIDENCE	State RI	Zip 02904	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
	500	COMMON	\$1.00

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
 STEVEN B. KIRSCHNER, M.D., PRESIDENT Date 1/16/17 2017

Signature of Authorized Representative
 **FILED**

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

JAN 24 2017
 BY 293483