



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 41		2. Exact name of the Corporation Paul H. Shield, M.D., P.C., Inc.			
3. Principal Office Address 154 Waterman Street			City Providence	State RI	Zip 02906
4. NAICS Code 54 - Professional, Scientific, an		6. Brief description of the character of business conducted in Rhode Island Provide psychiatric care.			
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 Paul H. Shield			Vice-President Name None		
Street Address 154 Waterman Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Paul H. Shield			Treasurer Name Paul H. Shield		
Street Address 154 Waterman Street			Street Address 154 Waterman Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul H. Shield			Director Name		
Street Address 154 Waterman Street			Street Address		
City Providence	State RI	Zip 02906	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	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 Paul H. Shield				FILED	Date <i>1/27/17</i>
Signature of Authorized Representative <i>Paul H. Shield</i>				SIGN DOCUMENT HERE JAN 27 2017	

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

BY *[Signature]*
 FORM 5307 Revised: 08/2016