



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Professional Corporation
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 001074768

2. Name of Corporation Maureen Chung M.D. PhD. Inc.

3. Street Address Principal Business Office:

No. and Street: 1 WEST EXCHANGE STREET
SUITE 2804

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

4. Business Phone No.

5. State of Incorporation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

81

6. Brief Description of the Character of Business Conducted in Rhode Island

MEDICINE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	MAUREEN CHUNG, MD	1 WEST EXCHANGE STREET, SUITE 2804

		PROVIDENCE, RI 02903 USA
TREASURER	MAUREEN CHUNG, MD	1 WEST EXCHANGE STREET, SUITE 2804 PROVIDENCE, RI 02903 USA
SECRETARY	MAUREEN CHUNG, MD	1 WEST EXCHANGE STREET, SUITE 2804 PROVIDENCE, RI 02903 USA
CHIEF OPERATING OFFICER	JAMES SALETNIK	1 WEST EXCHANGE STREET, SUITE 2804 PROVIDENCE, RI 02903 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.0100	1,000.00	0

9. 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.

Signed this 1 Day of February, 2017 at 3:21:02 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By GIOVANNI D. CICIONE
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2017 State of Rhode Island and Providence Plantations
All Rights Reserved