



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 141669		2. Exact name of the Corporation KRENSAVAGE CORPORATION			
3. Principal Office Address 76 LAMBIE CIRCLE		City PORTSMOUTH		State RI	Zip 02871
4. NAICS Code 62 - Health Care and Social Ass		6. Brief description of the character of business conducted in Rhode Island MEDICAL TREATMENT FACILITY			
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 THADDEUS J. KRENSAVAGE, D.O.			Vice-President Name THADDEUS J. KRENSAVAGE, D.O.		
Street Address 76 LAMBIE CIRCLE			Street Address 76 LAMBIE CIRCLE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name THADDEUS J. KRENSAVAGE, D.O.			Treasurer Name THADDEUS J. KRENSAVAGE, D.O.		
Street Address 76 LAMBIE CIRCLE			Street Address 76 LAMBIE CIRCLE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		CLASS/SERIES			
NUMBER OF SHARES		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 THADDEUS J. KRENSAVAGE, D.O., PRESIDENT					Date 11/3/17
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

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FORM 630 - Revised: 10/2016

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