

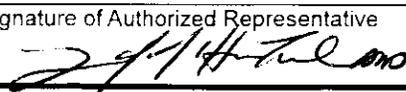


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 E 11021077		2. Exact name of the Corporation LINDA J. HANNA-TRAD, MD, INC.			
3. Principal Office Address 185A HIGH SERVICE AVENUE		City NORTH PROVIDENCE		State RI	Zip 02904-5114
4. NAICS Code 62 - Health Care and Social Ass		6. Brief description of the character of business conducted in Rhode Island MEDICAL OFFICE			
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 LINDA J. HANNA-TRAD, MD			Vice-President Name LINDA J. HANNA-TRAD, MD		
Street Address 25 LENNON ROAD			Street Address 25 LENNON ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name NIZAR TRAD			Treasurer Name		
Street Address 25 LENNON ROAD			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LINDA J. HANNA-TRAD, MD			Director Name NIZAR TRAD		
Street Address 25 LENNON ROAD			Street Address 25 LENNON ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
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 100	CLASS/SERIES	PAR VALUE
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 Linda J. Hanna-Trad, MD			Date		
Signature of Authorized Representative 			FILED 1119 2017		
			FEB 10 2017		
			BY 1087		

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

FILED 1119 2017
FEB 10 2017
BY 1087