



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 1101077		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	City LINCOLN	State RI
Zip 02865		Zip 02865	
Secretary Name NIZAR TRAD		Treasurer Name	
Street Address 25 LENNON ROAD		Street Address	
City LINCOLN	State RI	City	State
Zip 02865		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	City LINCOLN	State RI
Zip 02865		Zip 02865	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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:
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Website: www.sos.ri.gov

Revised: 10/2016