

# 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. 000025017
- 2. Name of Corporation LUNG DISEASES AND RESPIRATORY CARE, INC.
- 3. Street Address Principal Business Office:

No. and Street: 175 NATE WHIPPLE HGWY, SUITE 101

City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

4. Business Phone No.

4016582539

5. State of Incorporation

State: RI

### ARTICLE III

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

NAICS Code



62

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

### MEDICAL PRACTICE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.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	TILAK K VERMA	SUITE 101,175,NATE WHIPPLE HIGHWAY CUMBERLAND, RI 02864 USA	

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
STK		\$0.0000	400.00	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 13 Day of February, 2017 at 12:27:17 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 TILAK K VERMA

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