



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 13358		2. Exact name of the Corporation ALBERTO V. ERFE, M.D., INC.			
3. Principal Office Address 20 Cumberland Hill Road		City Woonsocket		State RI	Zip 02895
4. NAICS Code 62 - Health Care and Social As	6. Brief description of the character of business conducted in Rhode Island Medical Practice - Examine and Treat Patients				
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 Alberto V. Erfe			Vice-President Name n/a		
Street Address 20 Cumberland Hill Road			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Secretary Name Alberto V. Erfe			Treasurer Name Alberto V. Erfe		
Street Address 20 Cumberland Hill Road			Street Address 20 Cumberland Hill Road		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Alberto V. Erfe			Director Name		
Street Address 20 Cumberland Hill Road			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
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 CLASS/SERIES PAR VALUE		
			600 Common No 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 Alberto V. Erfe			Date 02/03/17		
Signature of Authorized Representative					

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