



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>799617</b>		2. Exact name of the Corporation <b>OCEAN STATE DERMATOLOGY, INC.</b>		
3. Principal office address <b>268 Nayatt Road</b>		City <b>Barrington</b>	State <b>RI</b>	Zip <b>02896</b>
4. Business Phone No.		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Dermatology</b>				

President Name <b>Dane P. Hall, MD</b>			Vice-President Name		
Street Address <b>268 Nayatt Road</b>			Street Address		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City	State	Zip
Secretary Name <b>Dana P. Hall, MD</b>			Treasurer Name <b>Dana P. Hall, MD</b>		
Street Address <b>268 Nayatt Road</b>			Street Address <b>268 Nayatt Road</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>

LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

<input type="checkbox"/> SHARES AUTHORIZED <input checked="" type="checkbox"/> NO SHARES ISSUED (X) BOX FOR ATTACHMENT	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	Common	No Par Value

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.



**FILED**

FEB 15 2017

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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.

*Dana Hall* 1-30-17  
 Signature of Authorized Representative Date

**Dana P. Hall, MD, President**

Print or Type Name of Authorized Representative