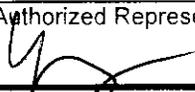




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 135907 | | 2. Exact name of the Corporation Enzer & Associates Professional Corporation | | | |
| 3. Principal Office Address 120 Dudley Street | | | City Providence | State RI | Zip 02905 |
| 4. NAICS Code 62 - Health Care and Social Ass | | 6. Brief description of the character of business conducted in Rhode Island THE PROVISION OF HEALTH CARE SERVICES BY LICENSED PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS TO 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 Yoash R. Enzer, M.D. | | | Vice-President Name | | |
| Street Address 120 Dudley Street | | | Street Address | | |
| City Providence | State RI | Zip 02905 | City | State | Zip |
| Secretary Name Yoash R. Enzer, M.D. | | | Treasurer Name Yoash R. Enzer, M.D. | | |
| Street Address 120 Dudley Street | | | Street Address 120 Dudley Street | | |
| City Providence | State RI | Zip 02905 | City Providence | State RI | Zip 02905 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Yoash R. Enzer, M.D. | | | Director Name | | |
| Street Address 120 Dudley Street | | | Street Address | | |
| City Providence | State RI | Zip 02905 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 50 | Common | \$01 | |
| 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. <i>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.</i> | | | | | |
| Name of Authorized Representative Yoash R. Enzer, M.D., President | | | | | Date 2/13/17 |
| Signature of Authorized Representative  | | | | | FILED FEB 15 2017 BY <u>1504 DS</u> |

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