




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 As		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 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
			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. 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 Yoash R. Enzer, M.D., President					Date 2/13/17
Signature of Authorized Representative 					FILED FEB 15 2017 BY 1504 DS

MAIL TO:
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