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	2. Exact name of the Corporation			
35012	**Walter Roettinger, M.D., Inc.**			
3. Principal Office Address		City	State	Zip
294 Valley Road Unit 4		**Middletown**	**RI**	**02842**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
62 - Health Care and Social A	**Medical Practice**			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Walter F. Roettinger**			Vice-President Name **None**		
Street Address **294 Valley Road Unit 4**			Street Address		
City **Middletown**	State **RI**	Zip **02842**	City	State	Zip
Secretary Name **Walter F. Roettinger**			Treasurer Name **Walter F. Roettinger**		
Street Address **294 Valley Road Unit 4**			Street Address **294 Valley Road Unit 4**		
City **Middletown**	State **RI**	Zip **02842**	City **Middletown**	State **RI**	Zip **02842**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **NONE**			Director Name **NONE**		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name **NONE**			Director Name **NONE**		
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	**Common**	**NPV**

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: **WALTER F. ROETTINGER** Date: 1-24-17

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

FORM 630 - Revised: 10/2016

FILED
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BY 18033