



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

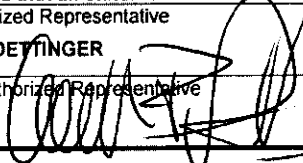
Annual Report for the year: **2017**

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 35012		2. Exact name of the Corporation Walter Roettinger, M.D., Inc.												
3. Principal Office Address 294 Valley Road Unit 4			City Middletown	State RI	Zip 02842									
4. NAICS Code 62 - Health Care and Social		6. Brief description of the character of business conducted in Rhode Island 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		10. Shares Issued Check the box to indicate an attachment ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>NPV</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	NPV			
		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 

FEB 21 2017

BY

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