State of	of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
Want	Providence RI 0290 (401) 222-304	04-2615	
Foreign Business Corner	· · ·		
Foreign Business Corpora Annual Report	alion		
Filing Period: January 1 - March 1			
In accordance with R.I.G.L. 7-1.2- annual report within thirty (30) day (c&d)) is subject to a penalty fee o	rs after the time prescribed by l		
ANNUAL REPORT YEAR: 2017	-		
1. Corporate ID No. 00090	00534		
2. Name of Corporation <u>HEA</u>	LTHTAP MEDICAL GROU	JP, P.C.	
3. Street Address Principal Bus	siness Office:		
	RSITY AVENUE		
City or Town: <u>2ND FLOC</u> <u>PALO ALT</u>		ate: <u>CA</u> Zip: <u>94301</u>	Country: <u>USA</u>
4. Business Phone No.			
<u>650-268-9806</u>			
5. State of Incorporation			
State: <u>CA</u>			
	ARTICLE III		
Using the following NAICS codes	s, please select the code that b	est describes your busines	SS.
NAICS Code		6	<u>62</u>
6. Brief Description of the Cha	racter of Business Conducte	d in Rhode Island	
PRACTICE OF MEDICINE			
7. Names and Addresses of the	e Officers and Directors:		
All officers and directors mu	ust be listed.		
Title	Individual Name	Addres	s
	First, Middle, Last, Suffix	Address, City or Town, State	e, Zip Code, Country
PRESIDENT/TREASURER/VP	DR. ANKUSH BANSAL	270 UNIVERSITY AVI PALO ALTO, CA 9	

ares Authorized and Is	sued			
Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issu and Outstance Num of Shares
CWP		\$0.0100	100.00	0

Signed this 27 Day of February, 2017 at 5:07:16 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By MICHAEL G. NICHOLS

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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