



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.

RECEIVED
 R.I. DEPT OF STATE
 BUS SVCS DIV
 2017 FEB 23 PM 2:00
 02909

1. Entity ID Number 110454		2. Exact name of the Corporation Gregory P. Stienen, M.D., Inc.			
3. Principal Office Address 340 Broadway			City Providence		State RI
4. NAICS Code 54 - Professional, Scientific, an		6. Brief description of the character of business conducted in Rhode Island THE PRACTICE OF PSYCHIATRIC MEDICINE			
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 Gregory P. Stienen, M.D.			Vice-President Name		
Street Address 340 Broadway			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name Gregory P. Stienen, M.D.			Treasurer Name Gregory P. Stienen, M.D.		
Street Address 340 Broadway			Street Address 340 Broadway		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			100	Common	No Par
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 Gregory P. Stienen, M.D.				Date 02/04/2017	
Signature of Authorized Representative					

FILED

FEB 24 2017

BY 1544 DS

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