



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.

STAMP

FOR

1. Entity ID Number 107853		2. Exact name of the Corporation Beverly C. Walters, M.D., Inc.												
3. Principal Office Address 48 N. Court, Unit 3			City Providence	State RI	Zip 02903									
4. NAICS Code 62 - Health Care and Social Ass		6. Brief description of the character of business conducted in Rhode Island To Render Professional Services by Persons Authorized to Practice Medicine in the State of Rhode Island												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Beverly C. Walters			Vice-President Name											
Street Address 48 N. Court, Unit 3			Street Address											
City Providence	State RI	Zip 02903	City	State	Zip									
Secretary Name Beverly C. Walters			Treasurer Name Beverly C. Walters											
Street Address 48 N. Court, Unit 3			Street Address 48 N. Court, Unit 3											
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name Beverly C. Walters			Director Name											
Street Address 48 N. Court, Unit 3			Street Address											
City Providence	State RI	Zip 02903	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 ☐											
			<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>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par			
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 Beverly C. Walters				Date 22 II 17										
Signature of Authorized Representative 			SIGN DOCUMENT HERE											

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED**FEB 27 2017**

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