



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 39301		2. Exact name of the Corporation FREDY P. ROLAND, MD., LTD.			
3. Principal Office Address 333 School Street		City Pawtucket	State RI	Zip 02860	
4. NAICS Code 62 - Health Care and Social Ass	6. Brief description of the character of business conducted in Rhode Island Medical services				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Fredy P. Roland			Vice-President Name Fredy P. Roland		
Street Address 333 School Street			Street Address 333 School Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Fredy P. Roland			Treasurer Name Fredy P. Roland		
Street Address 333 School Street			Street Address 333 School Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Fredy P. Roland			Director Name None		
Street Address 333 School Street			Street Address		
City Pawtucket	State RI	Zip 02860	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 <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		
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. <i>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.</i>					
Name of Authorized Representative Fredy P. Roland				Date 2/16/17	
Signature of Authorized Representative					