



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.

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BUS SVCS DIV

2017 MAR -1 PM 2:14

1. Entity ID Number 10041		2. Exact name of the Corporation Edward J. Gauthier, M.D. Inc.			
3. Principal Office Address 1332 Smith Street		City North Prov		State RI	Zip 02911
4. NAICS Code 62	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 <input type="checkbox"/>					
President Name Edward J. Gauthier, M.D.			Vice-President Name Edward J. Gauthier MD		
Street Address 1332 Smith St.			Street Address 1332 Smith St.		
City N. Prov	State RI	Zip 02911	City N. Prov	State RI	Zip 02911
Secretary Name Edward J. Gauthier MD			Treasurer Name Edward J. Gauthier MD		
Street Address 1332 Smith Street			Street Address 1332 Smith Street		
City North Prov	State RI	Zip 02911	City North Prov	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None more			Director Name None more		
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 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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	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 Edward J. Gauthier, M.D. Edward J. Gauthier MD				Date 3/1/17	
Signature of Authorized Representative Edward J. Gauthier, M.D.				FILED	

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

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BY 297257 KM
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