



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

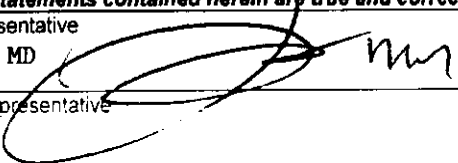
Annual Report for the year: **2017**

## 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 <b>103185</b>		2. Exact name of the Corporation <b>Leah F. Adams, M.D., Inc.</b>			
3. Principal Office Address <b>450 Veterans Memorial Parkway</b>		City <b>East Providence</b>		State <b>RI</b>	
4. NAICS Code <b>54 - Professional, Scientific, an</b>		6. Brief description of the character of business conducted in Rhode Island <b>To provide medical services</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Leah F. Adams, MD</b>			Vice-President Name <b>Leah F. Adams, MD</b>		
Street Address <b>450 Veterans Memorial Parkway</b>			Street Address <b>450 Veterans Memorial Parkway</b>		
City <b>East Providence</b>		State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	
State <b>RI</b>		Zip <b>02914</b>	State <b>RI</b>		Zip <b>02914</b>
Secretary Name <b>Leah F. Adams, MD</b>			Treasurer Name <b>Leah F. Adams, MD</b>		
Street Address <b>450 Veterans Memorial Parkway</b>			Street Address <b>450 Veterans Memorial Parkway</b>		
City <b>East Providence</b>		State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	
State <b>RI</b>		Zip <b>02914</b>	State <b>RI</b>		Zip <b>02914</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Leah F. Adams, MD</b>			Director Name		
Street Address <b>450 Veterans Memorial Parkway</b>			Street Address		
City <b>East Providence</b>		State <b>RI</b>	Zip <b>02914</b>	City	
State <b>RI</b>		Zip <b>02914</b>	State		Zip
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	State		Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
10		Common		No 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.					
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 <b>Leah F. Adams, MD</b>					
Signature of Authorized Representative 					
Date <b>2/16/17</b>					

## 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 24 2017

BY 

FORM 630 - Revised: 02/2017