



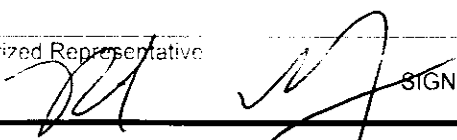
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2017**  
**Corporation**

**STAMP**

FOR

- 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>1337630</b>		2. Exact name of the Corporation <b>Ritu Goel, MD, ENT, P.C.</b>			
3. Principal Office Address <b>118 Dudley Street, Bottom Floor</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02906</b>
4. NAICS Code <b>62 - Health Care and Social As</b>	6. Brief description of the character of business conducted in Rhode Island <b>To Render Professional Services by Persons Authorized to Practice Medicine in the State of Rhode Island</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>Ritu Goel, M.D.</b>			Vice-President Name		
Street Address <b>118 Dudley Street, Bottom Floor</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
Secretary Name <b>Ritu Goel, M.D.</b>			Treasurer Name <b>Ritu Goel, M.D.</b>		
Street Address <b>118 Dudley Street, Bottom Floor</b>			Street Address <b>118 Dudley Street, Bottom Floor</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</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>Ritu Goel, M.D.</b>			Director Name		
Street Address <b>118 Dudley Street, Bottom Floor</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			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		
			1,000		
			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. <b>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.</b>					
Name of Authorized Representative <b>Ritu Goel, M.D.</b>					Date <b>03-03-2017</b>
Signature of Authorized Representative 					SIGN DOCUMENT HERE

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2645  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**

**MAR 06 2017**

**1051**

FORM 630 - Revised: 02/2017