



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • Filing Fee: \$50.00*

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 19997		2. Name of Corporation Rhode Island Precision, Co.			
3. Street Address Principal Business Office 25 Dorr Street			City Providence	State Rhode Island	Zip 02908
4. Business Phone No. 401-421-6661		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To provide pediatric and adolescent medicine					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Keith Hartley			Vice President Name Deena Hartley		
Street Address 6 Woodlake Drive			Street Address 6 Woodlake Drive		
City Johnston	State Rhode Island	Zip 02919	City Johnston	State Rhode Island	Zip 02919
Secretary Name Deena Hartley			Treasurer Name Keith Hartley		
Street Address 6 Woodlake Drive			Street Address 6 Woodlake Drive		
City Johnston	State RI	Zip 02919	City Johnston	State Rhode Island	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Keith Hartley			Director Name Deena Hartley		
Street Address 6 Woodlake Drive			Street Address 6 Woodlake Drive		
City Johnston	State Rhode Island	Zip 02919	City Johnston	State Rhode Island	Zip 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 common no par value			200	common	without par value

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.

FILED

MAR 15 2017

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.

Signature: Keith Hartley Date: 1/13/17

Keith Hartley
Print or Type Name

President
Title

File Date _____
Check No. _____
By: _____
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