



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2017**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 732218		2. Exact name of the Corporation STEPHANIE POTTS, P.A. INC.			
3. Principal office address 6 FAIRWAY DRIVE		City HOPE VALLEY	State RI	Zip 02832	
4. Business Phone No. 401-932-0647		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island PHYSICIAN ASSISTANT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name STEPHANIE POTTS			Vice-President Name STEPHANIE POTTS		
Street Address 6 FAIRWAY DRIVE			Street Address 6 FAIRWAY DRIVE		
City HOPE VALLEY	State RI	Zip 02832	City HOPE VALLEY	State RI	Zip 02832
Secretary Name STEPHANIE POTTS			Treasurer Name STEPHANIE POTTS		
Street Address 6 FAIRWAY DRIVE			Street Address 6 FAIRWAY DRIVE		
City HOPE VALLEY	State RI	Zip 02832	City HOPE VALLEY	State RI	Zip 02832
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name STEPHANIE POTTS			Director Name		
Street Address 6 FAIRWAY DRIVE			Street Address		
City HOPE VALLEY	State RI	Zip 02832	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1,000.00		STK		\$1.0000	

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.

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY

FILED

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BY **898440**

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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 of Authorized Representative

STEPHANIE POTTS

Print or Type Name of Authorized Representative

02/20/2017

Date