



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 105447		2. Exact name of the Corporation Ezra L. Galler, M.D., Ltd. d/b/a Galler Eye Care Associates			
3. Principal Office Address 100 Highland Avenue, Suite 304			City Providence	State RI	Zip 02806
4. NAICS Code 62 - Health Care and Social Ass		6. Brief description of the character of business conducted in Rhode Island To conduct an Ophthalmic Medicine Practice which includes without limitation, refractive surgery, laser cision correction and eye exams			
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 Ezra L. Galler, M.D.			Vice-President Name Ezra L. Galler, M.D.		
Street Address 101 Billings Street			Street Address 101 Billings Street		
City Sharon	State MA	Zip 02067	City Sharon	State MA	Zip 02067
Secretary Name Ezra L. Galler, M.D.			Treasurer Name Ezra L. Galler, M.D.		
Street Address 101 Billings Street			Street Address 101 Billings Street		
City Sharon	State MA	Zip 02067	City Sharon	State MA	Zip 02067
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ezra L. Galler, M.D.			Director Name		
Street Address 101 Billings Street			Street Address		
City Sharon	State MA	Zip 02067	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		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 Ezra L. Galler, M.D.				Date 3/1/17	
Signature of Authorized Representative 				FILED MAR 21 2017 7581	

MAIL TO:
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