



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Professional Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000018746

2. Name of Corporation VINCENT R. IACONO, M.D., INC.

3. Street Address Principal Business Office:

No. and Street: 560 TOLLGATE ROAD

City or Town: WARWICK

State: RI

Zip: 02886

Country: USA

4. Business Phone No.

5. State of Incorporation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

62

6. Brief Description of the Character of Business Conducted in Rhode Island

PLASTIC AND RECONSTRUCTIVE SURGERY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	VINCENT R IACONO MD	560 TOLLGATE ROAD WARWICK, RI 02886 USA
SECRETARY	VINCENT R IACONO MD	560 TOLLGATE ROAD

		WARWICK, RI 02886 USA
PRESIDENT	VINCENT R IACONO MD	560 TOLLGATE ROAD WARWICK, RI 02886- USA
VICE PRESIDENT	VINCENT R IACONO MD	560 TOLLGATE ROAD WARWICK, RI 02886 USA
DIRECTOR	VINCENT R IACONO MD	560 TOLLGATE ROAD WARWICK, RI 02886 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	100

9. 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.

Signed this 31 Day of March, 2017 at 1:41:12 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By VINCENT R. IACONO, MD
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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