



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 <b>35715</b>		2. Exact name of the Corporation <b>Donald V. Fagnoli, M.D., Inc.</b>			
3. Principal Office Address <b>1358 Smith Street</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
4. NAICS Code <b>54 - Professional, Scientific,</b>	6. Brief description of the character of business conducted in Rhode Island <b>The professional practice of medicine (Opthamology) and all things incidental thereto.</b>				
5. State of Incorporation <b>RI</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>Donald V. Fagnoli, M.D.</b>			Vice-President Name <b>Same as President</b>		
Street Address <b>1358 Smith Street</b>			Street Address <b>Same as President</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City	State	Zip
Secretary Name <b>Same as President</b>			Treasurer Name <b>Same as President</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>None</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			CLASS/SERIES		
This information is currently of record in the Department of State.			NUMBER OF SHARES	No	
Changes require an additional filing.			100		
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 <b>Donald V. Fagnoli, M.D., President</b>					Date <b>2/18/17</b>
Signature of Authorized Representative <i>Donald V. Fagnoli M.D.</i>					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FILED

JUL 03 2017

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FORM 630 - Revised: 10/2016