




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

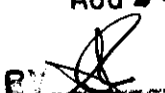
STAMP

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 000012512		2. Exact name of the Corporation THOMAS L GREEN, D.O., LTD.			
3. Principal Office Address 688 FRENCHTOWN ROAD		City EAST GREENWICH		State RI	Zip 02818
4. NAICS Code 62 - Health Care and Social Ass		6. Brief description of the character of business conducted in Rhode Island RENDERING PROFESSIONAL SERVICES AS A PHYSICIAN.			
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 THOMAS L GREEN			Vice-President Name		
Street Address 688 FRENCHTOWN ROAD			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Secretary Name THOMAS L GREEN			Treasurer Name THOMAS L GREEN		
Street Address 688 FRENCHTOWN ROAD			Street Address 688 FRENCHTOWN ROAD		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name THOMAS L GREEN			Director Name		
Street Address 688 FRENCHTOWN ROAD			Street Address		
City EAST GREENWICH	State RI	Zip 02818	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
			100		COMMON
			PAR VALUE		NO PAR
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. <i>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.</i>					
Name of Authorized Representative THOMAS L GREEN				Date 8/2/17	
Signature of Authorized Representative 				FILED SIGN DOCUMENT HERE	

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
AUG 21 2017
 BY  310 686