



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 793636		2. Exact name of the Corporation Pamela J. Connors, M.D., P.C.			
3. Principal Office Address 14 Seabury Drive		City Westerly	State RI	Zip 02891	
4. NAICS Code 62 - Health Care and Social Ass	6. Brief description of the character of business conducted in Rhode Island To operate a gastroenterology and digestive wellness practice.				
5. State of Incorporation Rhode Island	<i>NAICS (621999)</i>				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Pamela J. Connors, M.D.		Vice-President Name			
Street Address 14 Seabury Drive		Street Address			
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name Pamela J. Connors, M.D.		Treasurer Name Pamela J. Connors, M.D.			
Street Address 14 Seabury Drive		Street Address 14 Seabury Drive			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Pamela J. Connors, M.D.		Director Name			
Street Address 14 Seabury Drive		Street Address			
City Westerly	State RI	Zip 02891	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		1,000		Common	
				PAR VALUE	
				\$0.01	
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 Pamela J. Connors, M.D.					Date 9-1-2017
Signature of Authorized Representative <i>Pamela J. Connors</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

SEP 11 2017

BY *[Signature]*

FORM 630 - Revised 02/2017