RI SOS Filing Number: 201856313940 Date: 1/18/2018 10:44:00 AM



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: 2018

1. Corporate ID No. 001001518

2. Name of Corporation Susan V. Clemens M.D. Medical Acupuncture P.C.

3. Street Address Principal Business Office:

No. and Street: 310 MAPLE AVE, SUITE L07-A

City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

4. Business Phone No.

14014374880

5. State of Incorporation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

<u>621111</u>

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

MEDICAL ACUPUNCTURE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.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 | Address | |
|-----------|-----------------------------|---|--|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country | |
| PRESIDENT | SUSAN CLEMENS MD | 30 HOMESTEAD AVE BARRINGTON, RI 02806 USA | |

| OTHER OFFICER | SUSAN CLEMENS | |
|---------------|---------------|---|
| | | , |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares Number of Shares | Total Issued and Outstanding Num of Shares |
|----------------|-----------------|---------------------|--|--|
| CNP | | \$0.0000 | 1,000.00 | 0 |

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 18 Day of January, 2018 at 10:45:25 AM. 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 SUSAN V. CLEMENS

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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