




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

Annual Report for the year: **2018**
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 65682		2. Exact name of the Corporation Sudhir Bansal M.D., Inc.			
3. Principal Office Address 215 Tollgate Road		City Warwick		State RI	Zip 02886
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island To engage in the business of practicing medicine and all other lawfully related services.			
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 Sudhir Bansal, M.D.			Vice-President Name Sudhir Bansal, M.D.		
Street Address 215 Tollgate Road			Street Address same as above		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Sudhir Bansal, M.D.			Treasurer Name Sudhir Bansal, M.D.		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sudhir Bansal, M.D.			Director Name		
Street Address same as above			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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES common	PAR VALUE no par value
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 Sudhir Bansal, M.D.				Date 1/9/18	
Signature of Authorized Representative 					

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

JAN 22 2018

BY

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FORM 630 - Revised: 10/2017