



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.

FILED

FEB 01 2018

BY

3010

[Signature]

1. Entity ID Number 102204		2. Exact name of the Corporation Thomas E. Sepe, M.D., Inc.			
3. Principal Office Address 33 Staniford Street			City Providence	State RI	Zip 02905
4. NAICS Code 62111		6. Brief description of the character of business conducted in Rhode Island To engage in the Practice of Medicine			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas E. Sepe, M.D.			Vice-President Name None		
Street Address 33 Staniford Street			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name None			Treasurer Name none		
Street Address			Street Address		
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 Thomas E. Sepe, M.D.			Director Name None		
Street Address 33 Staniford Street			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Director Name None			Director Name None		
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		
			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 Thomas E. Sepe, M.D.					Date 01/17/18.
Signature of Authorized Representative <i>[Signature]</i>					
SIGN DOCUMENT HERE					