



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

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BY

1. Entity ID Number <b>1337630</b>		2. Exact name of the Corporation <b>Ritu Goel, MD, ENT, P.C.</b>			
3. Principal Office Address <b>118 Dudley Street, Bottom Floor</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
4. NAICS Code <b>621111</b>		6. Brief description of the character of business conducted in Rhode Island <b>To Render Professional Services by Persons Authorized to Practice Medicine in the State of Rhode Island</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Ritu Goel, M.D.</b>			Vice-President Name		
Street Address <b>118 Dudley Street, Bottom Floor</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
Secretary Name <b>Ritu Goel, M.D.</b>			Treasurer Name <b>Ritu Goel, M.D.</b>		
Street Address <b>118 Dudley Street, Bottom Floor</b>			Street Address <b>118 Dudley Street, Bottom Floor</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Ritu Goel, M.D.</b>			Director Name		
Street Address <b>118 Dudley Street, Bottom Floor</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		C. ASSOCIATES
			1,000		Common
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 <b>Ritu Goel, M.D.</b>					Date <b>1/26/2018</b>
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