RI SOS Filing Number: 201857907300 Date: 2/8/2018 4:00:00 PM

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	2. Exact name of the Corporation
19746	HASSAN-ETTENSOHN MEDICAL SPECIALISTS, LTD.

3. Principal Office Address	City	State	Zip
73 Beechwood Avenue	Pawtucket	RI	02860

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621111	Professional Services in Medicine
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Linda R. Hassan			Vice-President Name: Linda R. Hassan		
Street Address: 73 Beechwood Avenue			Street Address: 73 Beechwood Avenue		
City: Pawtucket	State: RI	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860
Secretary Name: Linda R. Hassan			Treasurer Name: Linda R. Hassan		
Street Address: 73 Beechwood Avenue			Street Address: 73 Beechwood Avenue		
City: Pawtucket	State: RI	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Linda R. Hassan			Director Name: David B. Ettensohn		
Street Address: 73 Beechwood Avenue			Street Address: 73 Beechwood Avenue		
City: Pawtucket	State: RI	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860
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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
75	Common	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	Date
Linda R. Hassan	

Signature of Authorized Representative: Linda R Hassan

FILED
FEB 08 2018
BY 111195

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017