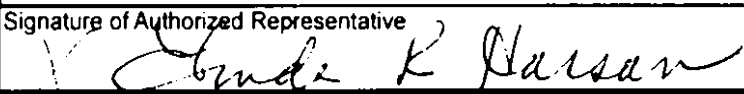




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 19746		2. Exact name of the Corporation HASSAN-ETTENSohn MEDICAL SPECIALISTS, LTD.			
3. Principal Office Address 73 Beechwood Avenue		City Pawtucket		State RI	Zip 02860
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island 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 Check the box to indicate an attachment ☐					
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 ☐		
			NUMBER OF SHARES 75	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 Linda R. Hassan					Date
Signature of Authorized Representative 					FILED

FEB 08 2018

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