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
144599	M. David Beitle, M.D., Inc.

3. Principal Office Address	City	State	Zip
235 Plain Street, Suite 101A	Providence	RI	02905

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621399	TO RENDER PROFESSIONAL MEDICAL SERVICES BY PHYSICIANS SPECIALIZING IN OBSTETRICS AND GYNOCOLOGY
5. State of Incorporation: RHODE ISLAND	

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

President Name: M. David Beitle, M.D.			Vice-President Name		
Street Address: 56E Nyatt Road			Street Address		
City: Barrington	State: RI	Zip: 02806	City	State	Zip
Secretary Name: M. David Beitle, M.D.			Treasurer Name: M. David Beitle, M.D.		
Street Address: 56E Nyatt Road			Street Address: 56E Nyatt Road		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806

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

Director Name: M. David Beitle, M.D.			Director Name		
Street Address: 56E Nyatt Road			Street Address		
City: Barrington	State: RI	Zip: 02806	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

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	CLASS/SERIES	PAR VALUE
1,000	Common	$1.00

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: **M. David Beitle, M.D., President**

Date: 2/7/ , 2018

Signature of Authorized Representative

FILED
FEB 16 2018

VL 324492

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