



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

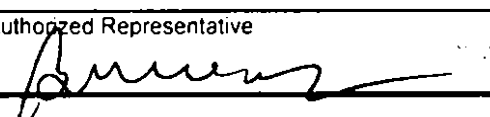
Annual Report for the year: **2018**

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 144599		2. Exact name of the Corporation M. David Beitle, M.D., Inc.			
3. Principal Office Address 235 Plain Street, Suite 101A		City Providence		State RI	Zip 02905
4. NAICS Code 621399		6. Brief description of the character of business conducted in Rhode Island TO RENDER PROFESSIONAL MEDICAL SERVICES BY PHYSICIANS SPECIALIZING IN OBSTETRICS AND GYNOCLOGY			
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 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 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 HL 324492

MAIL TO:

Division of Business Services

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