



RI SOS Filing Number: 201858912970 Date: 2/21/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2018**  
CorporationRECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2018 FEB 21 PM 2:02

- 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 <b>37186</b>		2. Exact name of the Corporation <b>Christopher C. Way, M.D.</b>			
3. Principal Office Address <b>1150 Reservoir Avenue, Suite 204</b>		City <b>Cranston</b>		State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>621111</b>		6. Brief description of the character of business conducted in Rhode Island <b>General practice of ophthalmology.</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>Christopher C. Way, M.D.</b>			Vice-President Name		
Street Address <b>1150 Reservoir Avenue, Suite 204</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Secretary Name <b>Christopher C. Way, M.D.</b>			Treasurer Name <b>Christopher C. Way, M.D.</b>		
Street Address <b>1150 Reservoir Avenue, Suite 204</b>			Street Address <b>1150 Reservoir Avenue, Suite 204</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</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>Christopher C. Way, M.D.</b>			Director Name		
Street Address <b>1150 Reservoir Avenue, Suite 204</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			<b>100</b>	<b>Common Stock</b>	<b>No Par Value</b>
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. <b>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.</b>					
Name of Authorized Representative <b>CHRISTOPHER C. WAY, M.D., President</b>			Signature of Authorized Representative <i>Christopher C. Way, MD</i>		Date <b>2/5/18</b>
SIGN DOCUMENT HERE			<b>FILED</b>		

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

FEB 21 2018  
BY **324862** *KM*

FORM 630 - Revised: 10/2017