



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

FILED

FEB 26 2018

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.

BY

1233

[Signature]

1. Entity ID Number 93514		2. Exact name of the Corporation South County Pulmonary Medicine, Inc.			
3. Principal Office Address 360 Kingstown Road		City Narragansett		State RI	Zip 02882
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Practice of Pulmonary Medicine			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anne M. Hebert			Vice-President Name		
Street Address 360 Kingstown Road			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name Anne M. Hebert			Treasurer Name		
Street Address 360 Kingstown Road			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Anne M. Hebert			Director Name		
Street Address 360 Kingstown Road			Street Address		
City Narragansett	State RI	Zip 02882	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 <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 600	CLASS/SERIES common	PAR VALUE no par
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 Anne M. Hebert				Date 3/1/18	
Signature of Authorized Representative <i>Anne M. Hebert MD</i> SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017