State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2018 FEB 27 PM 1:07

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			
10041	Edward J. Gauthier, M.D. Inc.			
3. Principal Office Address		City	State	Zip
1332 Smith Street		North Providence	RI	02911
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
621111	MEDICAL PRACTICE			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
Edward J. Gauthier MD			Edward J. Gauthier, MD		
Street Address			Street Address		
1332 Smith Street			1332 Smith Street		
City	State	Zip	City	State	Zip
N. Prov	RI	02911	N. Prov	RI	02911
Secretary Name			**Treasurer Name**		
Edward J. Gauthier MD			Edward J. Gauthier, MD,		
Street Address			Street Address		
1332 Smith Street			1332 Smith Street		
City	State	Zip	City	State	Zip
North Prov	RI	02911	North Prov	RI	02911

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

Director Name			Director Name		
None more			None more		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1000	Common	0

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	Date
Edward J. Gauthier, M.D.	2/27/18

Signature of Authorized Representative: Edward J. Gauthier PRESIDENT MD

FILED

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 27 2018
BY 2133

FORM 630 - Revised: 10/2017