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
1666868	Michael R. Heru, MD, Ltd.

3. Principal Office Address	City	State	Zip
594 Great Road	North Smithfield	RI	02896

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621111	Engaging in any lawful business, including health care.
5. State of Incorporation	
Rhode Island	

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

President Name	Michael R. Heru	Vice-President Name	Clare Irwin
Street Address	594 Great Rd.	Street Address	155 Jastram Street
City / State / Zip	North Smithfield / RI / 02896	City / State / Zip	Providence / RI / 02908
Secretary Name	Briana Iervolino	Treasurer Name	Clare Irwin
Street Address	30 Danielson Pike	Street Address	155 Jastram Street
City / State / Zip	Foster / RI / 02825	City / State / Zip	Providence / RI / 02908

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

Director Name		Director Name	
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

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
1000	common	no par value

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
Clare Irwin	2/28/2018

Signature of Authorized Representative: Clare Irwin

FILED

FEB 28 2018

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MAIL TO:
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