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		
80126	Cardiology Specialists, Ltd.		
3. Principal Office Address	City	State	Zip
45 Wells St, Suite 102	Westerly	RI	02891
4. NAICS Code: 621111	6. Brief description of the character of business conducted in Rhode Island: The rendering of professional services of physicians and surgeons		
5. State of Incorporation: Rhode Island			

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

President Name	Vice-President Name
Howard L. Haronian	Stephen M. Kutz
Street Address: 45 Wells St. Ste 102	Street Address: 45 Wells St. Ste 102
City: Westerly, State: RI, Zip: 02891	City: Westerly, State: RI, Zip: 02891
Secretary Name: Jon F. Scheiber	Treasurer Name: Stephen M. Kutz
Street Address: 45 Wells St. Ste 102	Street Address: 45 Wells St. Ste 102
City: Westerly, State: RI, Zip: 02891	City: Westerly, State: RI, Zip: 02891

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

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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
100	Common	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: Stephen M. Kutz — Date: 03/14/18

Signature of Authorized Representative: S.M.K. SIGN DOCUMENT HERE

FILED
MAR 16 2018
BY 326717
A.A

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

FORM 630 - Revised: 10/2017