

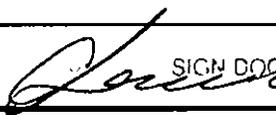


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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.

**FILED**  
 MAR 22 2018  
 BY 3699

1. Entity ID Number <b>101903</b>		2. Exact name of the Corporation <b>Carine Leconte, M.D., Inc.</b>			
3. Principal Office Address <b>1150 Reservoir Avenue, Suite 205</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>621112</b>		6. Brief description of the character of business conducted in Rhode Island <b>To carry on all business that a physician licensed to practice medicine in the State of Rhode Island might be involved in.</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>Carine M. Leconte</b>			Vice-President Name <b>Carine M. Leconte</b>		
Street Address <b>1150 Reservoir Avenue, Suite 205</b>			Street Address <b>1150 Reservoir Avenue, Suite 205</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>
Secretary Name <b>Carine M. Leconte</b>			Treasurer Name <b>Carine M. Leconte</b>		
Street Address <b>1150 Reservoir Avenue, Suite 205</b>			Street Address <b>1150 Reservoir Avenue, Suite 205</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>None</b>			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			10. Shares Issued <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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>600</b>	<b>common</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>Carine M. Leconte, M.D., President</b>				Date <b>3/19/18</b>	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		