



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

Annual Report for the year: **2018**  
Corporation

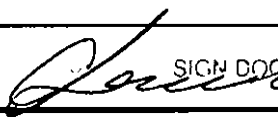
- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**

MAR 22 2018

BY

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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 <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.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>600</b>	CLASS/SERIES <b>common</b>	PAR VALUE <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>4/19/18</b>
Signature of Authorized Representative 					SIGN DOCUMENT HERE