RI SOS Filing Number: 201861479620 Date: 4/2/2018 4:00:00 PM 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

1. Entity ID Number		0 fee if form is not filed by April 1. 2. Exact name of the Corporation					
001095458		ALEXIS A. BOBEK, APRN LTD.					
3. Principal Office Address			City		State	Zip	
85 Beach Street			Westerly		RI	02891	
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
62 1340	Medication	Medication management and psychotherapy.					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names a	and addresses)			Check	the box to ind	icate an attachment _	
President Name Alexis A. Bo	Vice-President Name Alexis A. Bobek						
Street Address 166 Fenner H	Street Address 166 Fenner Hill Road						
City Hope Valley	State RI	Z _{IP} 02832	City Hope Va		State RI	^{Zip} 02832	
Secretary Name Alexis A. Bobek			Treasurer Name Alexis A. Bobek				
Street Address 166 Fenner Hill Road			Street Address 166 Fenner Hill Road				
City Hope Valley	State RI	Zip 02832	City Hope Valley		State RI	Zip 02832	
8. List ALL directors (names	and addresses)				the box to ind	icate an attachment	
Director Name Alexis A. Bot	oek		Director Name				
Street Address 166 Fenner Hill Road			Street Address	Street Address			
City Hope Valley	State RI	Žip 02832	City		State	Zıp	
Director Name	<u> </u>		Director Name	:	·		
Street Address	Street Address						
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Is	L sued	Check	the box to indi	icate an attachment	
his information is currently of record in the			OF SHARES	CLASS/SERIES T		PAR VALUE	
Department of State.		1000		Common		None	
Changes require an additional filing.			,				
11. This report must be executive trustee, this report must be				-	oration is in the	hands of a receiver o	
Under penalty of perjury, I statements, and that all st	declare and affirm	that I have examir	ned this report, i		npanying sch	edules and	
Name of Authorized Represonal Represonal Represonal Represonant Re					Date 3	28/2018	
Signature of Authorized Rep	presentative	2 SIGN DO	AMED INE	1,70	FILE	D	
<u> </u>		sver_	MACI	17/1/V·	APR 69	2018	
MAIL TO:		_		1	ALK V 2	C	

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

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