



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 001657172		2. Exact name of the Corporation AL-JON MEDICAL, P.C.			
3. Principal Office Address 11 FOXWOOD DRIVE		City LINCOLN		State RI	Zip 02865
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island MEDICAL PRACTICE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SYED R MEHDI		Vice-President Name SYED R MEHDI			
Street Address 11 FOXWOOD DRIVE		Street Address 11 FOXWOOD DRIVE			
City LINCOLN	State RI	Zip 02865	City LINCOLN	State MA	Zip 02865
Secretary Name SYED R MEHDI		Treasurer Name SYED R MEHDI			
Street Address 11 FOXWOOD DRIVE		Street Address 11 FOXWOOD DRIVE			
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SYED R MEHDI		Director Name			
Street Address 11 FOXWOOD DRIVE		Street Address			
City LINCOLN	State RI	Zip 02865	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		600		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. <i>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.</i>					
Name of Authorized Representative SYED R MEHDI				Date	
Signature of Authorized Representative					
SIGN DOCUMENT HERE FILED					

APR 02 2018

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