



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 7981		2. Exact name of the Corporation KENNETH H. SALZSIEDER, M.D., LTD.			
3. Principal Office Address 470 Toll Gate Road			City Warwick	State RI	Zip 02886
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Provide medical, diagnostic and laboratory services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kenneth H. Salzsieder			Vice-President Name Kenneth H. Salzsieder		
Street Address 470 Toll Gate Road			Street Address 470 Toll Gate Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Kenneth H. Salzsieder			Treasurer Name Kenneth H. Salzsieder		
Street Address 470 Toll Gate Road			Street Address 470 Toll Gate Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kenneth H. Salzsieder			Director Name		
Street Address 470 Toll Gate Road			Street Address		
City Warwick	State RI	Zip 02886	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/SERIALS
			300 shs		Common
					PAR VALUE
					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.					
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 Kenneth H. Salzsieder					Date 4/18/2018
Signature of Authorized Representative <i>Kent Salzsieder</i>					02

APR 25 2018

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