



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Professional Corporation  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 000094264

**2. Name of Corporation** Geret A. Dubois, M.D., Inc.

**3. Street Address Principal Business Office:**

No. and Street: 2970 MENDON ROAD  
VILLA 86

City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

**5. State of Incorporation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

622310

**6. Brief Description of the Character of Business Conducted in Rhode Island**

TO RENDER MEDICAL SERVICES AS ORTHOPEDIC PHYSICIANS AND SURGEONS.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	GERET A. DUBOIS, M.D.	111 BREWSTER STREET PAWTUCKET, RI 02860 USA
TREASURER	GERET A. DUBOIS	111 BREWSTER STREET PAWTUCKET, RI 02860 USA
SECRETARY	GERET A. DUBOIS	111 BREWSTER STREET PAWTUCKET, RI 02860 USA

VICE PRESIDENT

SANDRA L. DUBOIS

111 BREWSTER STREET  
PAWTUCKET, RI 02860 USA**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	100.00	50

**9. 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.**

**Signed this 28 Day of June, 2018 at 9:51:23 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By RALPH M. KINDER

Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

June 28, 2018 09:51 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

