



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 JAN -7 AM 11:07

1. Entity ID Number 000792123		2. Exact name of the Corporation PROVIDENCE FERTILITY INSTITUTE, INC			
3. Principal Office Address 1150 RESERVOIR AVE., SUITE 300			City CRANSTON	State RI	Zip 02920
4. NAICS Code 621111	6. Brief description of the character of business conducted in Rhode Island MEDICAL PRACTICE SPECIALIZING IN GYNECOLOGY, REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY				
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name ANNE DEVI WOLD			Vice-President Name ANNE DEVI WOLD		
Street Address 1150 RESERVOIR AVE, SUITE 300			Street Address 1150 RESERVOIR AVE, SUITE 300		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name ANNE DEVI WOLD			Treasurer Name ANNE DEVI WOLD		
Street Address 1150 RESERVOIR AVE, SUITE 300			Street Address 1150 RESERVOIR AVE, SUITE 300		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	CNP	0.00	
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					Date
Signature of Authorized Representative					1/03/2019

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 07 2019
BY **ZSHN9**
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