RI SOS Filing Number: 201983891270 Date: 1/7/2019 11:10:00 AM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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CORPORATIONS DIV
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Annual Report for the year: 2016
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	2. Exact name of the Corporation
000792123	PROVIDENCE FERTILITY INSTITUTE, INC

3. Principal Office Address	City	State	Zip
1150 RESERVOIR AVE., SUITE 300	CRANSTON	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621111	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 ☐

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 ☐

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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	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
	1/3/2019

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
JAN 07 2019
BY ZSHNG
A.A. 11:10 A.M.

MAIL TO:
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