



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

FILED

Annual Report for the year: **2019**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BY

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1. Entity ID Number 0315881		2. Exact name of the Corporation Providence Cardiology, Inc.	
3. Principal Office Address 1 Randall Square Square		City Providence	State R.I.
		Zip 02904	
4. NAICS Code 621111	6. Brief description of the character of business conducted in Rhode Island Cardiology & internal medicine		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jack H. Klie, M.D.		Vice-President Name Jack H. Klie	
Street Address 1 Randall Square		Street Address 1 Randall Sq.	
City Providence	State R.I.	City Providence	State RI
Zip 02904		Zip 02904	
Secretary Name Jack H. Klie		Treasurer Name Jack H. Klie	
Street Address 1 Randall Sq.		Street Address 1 Randall Sq.	
City Providence	State RI	City Providence	State RI
Zip 02904		Zip 02904	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Jack H. Klie		Director Name	
Street Address 1 Randall Sq.		Street Address	
City Providence	State RI	City	State
Zip 02904		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 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.			
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
NUMBER OF SHARES		CLASS/SERIES	
100.00		Comm	
		PAR VALUE	
		1.00	
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 Jack H. Klie		Date 1/4/19	
Signature of Authorized Representative 			