



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

**FILED**

JAN 30 2019

BY

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**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

1. Corporate ID No. <b>116050</b>		2. Name of Corporation <b>Alfred A. Paul, M.D. and Lin Chou, M.D., Inc.</b>			
3. Street Address Principal Business Office <b>465 East Avenue</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
4. NAICS Code <b>621320</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>To render professional medical services to the general public by persons authorized to practice medicine in the state of Rhode Island, including but not limited to the practice of ophthalmology.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			Vice President Name		
President Name <b>Alfred A. Paul, M.D.</b>			Vice President Name <b>Lin Chou, M.D.</b>		
Street Address <b>465 East Avenue</b>			Street Address <b>465 East Avenue</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Secretary Name <b>Lin Chou, M.D.</b>			Treasurer Name <b>Lin Chou, M.D.</b>		
Street Address <b>465 East Avenue</b>			Street Address <b>465 East Avenue</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Alfred A. Paul, M.D.</b>			Director Name <b>Lin Chou, M.D.</b>		
Street Address <b>465 East Avenue</b>			Street Address <b>465 East Avenue</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			<b>300 shares common stock of no par value</b>		

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.

Signature

*Alfred A. Paul MD*

Date

*1/15/19*

**Alfred A. Paul, M.D.**

Print or Type Name

**President**

Title

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040