



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

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.

FILED

STAMP

MAR 15 2019

BY 154908

1. Entity ID Number 001095458		2. Exact name of the Corporation ALEXIS A. BOBEK, APRN LTD.			
3. Principal Office Address 85 Beach Street		City Westerly		State RI	Zip 02891
4. NAICS Code 62 1340		6. Brief description of the character of business conducted in Rhode Island Medication management and psychotherapy.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alexis A. Bobek			Vice-President Name Alexis A. Bobek		
Street Address 166 Fenner Hill Road			Street Address 166 Fenner Hill Road		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Secretary Name Alexis A. Bobek			Treasurer Name Alexis A. Bobek		
Street Address 166 Fenner Hill Road			Street Address 166 Fenner Hill Road		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Alexis A. Bobek			Director Name		
Street Address 166 Fenner Hill Road			Street Address		
City Hope Valley	State RI	Zip 02832	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 Alexis A. Bobek, President					Date 03-12-2019
Signature of Authorized Representative 					