



RI SOS Filing Number: 202037114970 Date: 4/2/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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FOR
SECRETARY OF STATE
USE ONLY


Annual Report for the year: **2020**

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 7981		2. Exact name of the Corporation KENNETH H. SALZSIDER, M.D., LTD			
3. Principal Office Address 2447 Pawtucket Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Provide medical, diagnostic and laboratory services.			
5. State of Incorporation ri					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kenneth H. Salzsider			Vice-President Name Kenneth H. Salzsider		
Street Address 2447 Pawtucket Avenue			Street Address 2447 Pawtucket Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Kenneth H. Salzsider			Treasurer Name Kenneth H. Salzsider		
Street Address 2447 Pawtucket Avenue			Street Address 2447 Pawtucket Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kenneth H. Salzsider			Director Name		
Street Address 2447 Pawtucket Avenue			Street Address		
City East Providence	State RI	Zip 02914	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			Common		
			no 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. <i>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.</i>					
Name of Authorized Representative Kenneth H. Salzsider					Date
Signature of Authorized Representative 					SIGN DOCUMENT 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

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FORM 630 - Revised: 10/2017