



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

Annual Report for the year: 2021
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

FEB 22 2021

BY

1. Entity ID Number 000135907		2. Exact name of the Corporation Enzer & Associates Professional Corporation			
3. Principal Office Address 120 Dudley Street			City Providence	State RI	Zip 02905
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island THE PROVISION OF HEALTH CARE SERVICES BY LICENSED PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS TO PATIENTS			
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 Yoash R. Enzer, M.D.			Vice-President Name		
Street Address 120 Dudley Street			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name Yoash R. Enzer, M.D.			Treasurer Name Yoash R. Enzer, M.D.		
Street Address 120 Dudley Street			Street Address 120 Dudley Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Yoash R. Enzer, M.D.			Director Name		
Street Address 120 Dudley Street			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 50	CLASS/SERIES Common	PAR VALUE \$0.01	
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 Yoash R. Enzer, M.D., President					Date 02-18-2021
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov