



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
 APR 12 2023
 BY 890
PR

1. Entity ID Number 64398		2. Exact name of the Corporation STEVEN F. KARLIN M.D., LTD.			
3. Principal Office Address 16 Canonchet Lane			City Warwick	State RI	Zip 02888
4. NAICS Code 621330		6. Brief description of the character of business conducted in Rhode Island Operating an office in the practice of psychiatry			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven F. Karlin, M.D.			Vice-President Name Steven F. Karlin, M.D.		
Street Address 16 Canonchet Lane			Street Address 16 Canonchet Lane		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Steven F. Karlin, M.D.			Treasurer Name Steven F. Karlin, M.D.		
Street Address 16 Canonchet Lane			Street Address 16 Canonchet Lane		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven F. Karlin, M.D.			Director Name None		
Street Address 16 Canonchet Lane			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	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.		NUMBER OF SHARES		CLASS/SERIALS	PAR VALUE
		100		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. 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 Steven F. Karlin, M.D.				Date	
Signature of Authorized Representative 					