



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016  
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 <u>75324</u>		2. Exact name of the Corporation <u>DANIEL E. WRÓBLESKI, LTD</u>		
3. Principal Office Address <u>827 Northmain Street</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>
4. Business Phone Number <u>401-421-0070</u>		5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>Physician office</u>				
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
President Name <u>Daniel E. Wróblewski MD</u>		Vice-President Name <u>NA</u>		
Street Address <u>827 North Main Street</u>		Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City	State City Zip
Secretary Name <u>NA</u>		Treasurer Name <u>NA</u>		
Street Address		Street Address		
City	State	Zip	City	State City Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
Director Name <u>Daniel E Wróblewski MD</u>		Director Name <u>NA</u>		
Street Address <u>827 North Main Street</u>		Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City	State City Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES <u>0</u>	CLASS/SERIES <u>—</u>	PAR VALUE <u>—</u>
		<u>—</u>	<u>—</u>	<u>—</u>
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.				
<b>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.</b>				
Name of Authorized Representative <u>Caroline Wilkel</u>			Date <u>July 25, 2016</u>	
Signature of Authorized Representative <u>[Signature]</u>			Date <u>July 25, 2016</u>	

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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