

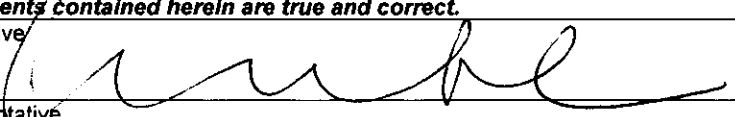


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2017**

**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<br><b>13358</b>  |                    | 2. Exact name of the Corporation<br><b>ALBERTO V. ERFE, M.D., INC.</b>  |   |                    |                         |
| 3. Principal Office Address<br><b>20 Cumberland Hill Road</b>  |                    |   | City<br><b>Woonsocket</b>   | State<br><b>RI</b> | Zip<br><b>02895</b>     |
| 4. NAICS Code<br><b>62 - Health Care and Social As</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Medical Practice - Examine and Treat Patients</b> |   |                    |                         |
| 5. State of Incorporation<br><b>Rhode Island</b>   |                    |   |   |                    |                         |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                    |                         |
| President Name<br><b>Alberto V. Erfe</b>   |                    |   | Vice-President Name<br><b>n/a</b>   |                    |                         |
| Street Address<br><b>20 Cumberland Hill Road</b>   |                    |   | Street Address  |                    |                         |
| City<br><b>Woonsocket</b>  | State<br><b>RI</b> | Zip<br><b>02895</b>   | City  | State              | Zip                     |
| Secretary Name<br><b>Alberto V. Erfe</b>   |                    |   | Treasurer Name<br><b>Alberto V. Erfe</b>  |                    |                         |
| Street Address<br><b>20 Cumberland Hill Road</b>   |                    |   | Street Address<br><b>20 Cumberland Hill Road</b>  |                    |                         |
| City<br><b>Woonsocket</b>  | State<br><b>RI</b> | Zip<br><b>02895</b>   | City<br><b>Woonsocket</b>   | State<br><b>RI</b> | Zip<br><b>02895</b>     |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                    |                         |
| Director Name<br><b>Alberto V. Erfe</b>  |                    |   | Director Name   |                    |                         |
| Street Address<br><b>20 Cumberland Hill Road</b>   |                    |   | Street Address  |                    |                         |
| City<br><b>Woonsocket</b>  | State<br><b>RI</b> | Zip<br><b>02895</b>   | City  | State              | Zip                     |
| Director Name  |                    |   | Director Name   |                    |                         |
| Street Address   |                    |   | Street Address  |                    |                         |
| City   | State              | Zip   | City  | State              | Zip                     |
| 9. Shares Authorized<br><b>This information is currently of record in the Department of State.</b><br><b>Changes require an additional filing.</b>   |                    |   | 10. Shares issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                         |
|  |                    |   | NUMBER OF SHARES  | CLASS/SERIES       | PAR VALUE               |
|  |                    |   | <b>600</b>  | <b>Common</b>      | <b>No par value</b>     |
| 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.<br><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<br><b>Alberto V. Erfe</b>  |                    |   |   |                    | Date<br><b>02/03/17</b> |
| Signature of Authorized Representative<br>   |                    |   |   |                    |                         |

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

**FILED**  
 FEB 13 2017

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