State	of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
	148 W. River S		
	Providence RI 0290 (401) 222-304		
HOPE	(401) 222-304	+0	
Professional Corporation			
Annual Report Filing Period: January 1 - March 1			
In accordance with R.I.G.L. 7-1.2-	.1501(e) each corporation failir	na or refusina to file its	
annual report within thirty (30) day	vs after the time prescribed by l		
(c&d)) is subject to a penalty fee	of \$25.00.		
ANNUAL REPORT YEAR: 2017	7		
1. Corporate ID No. 00006	53989		
2. Name of Corporation <u>Jerro</u>	ld Rosenberg, M.D., Inc.		
3. Street Address Principal Bu	siness Office:		
No. and Street: 1637 MINE	RAL SPRINGS AVE		
	OVIDENCE	State: <u>RI</u> Zip: <u>02904</u> Co	untry: <u>USA</u>
4. Business Phone No.			
5. State of Incorporation			
State: <u>RI</u>			
	ARTICLE III		
Using the following NAICS codes	s, please select the code that b	est describes your business.	
NAICS Code		6 62	
		<u>0</u> <u>0</u> 2	
6. Brief Description of the Cha	racter of Business Conducte	d in Rhode Island	
PROFESSIONAL MEDICAL	SERVICES		
7. Names and Addresses of the	e Officers and Directors:		
All officiant and Provider	unt ha lintad. If affleres a	a directory basis basis of the	al the City
All officers and directors m Incorporator is no longer a		or directors have been electe	a, the title
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address Address, City or Town, State, Zip	Code, Country
PRESIDENT	JERROLD ROSENBERG MD	1637 MINERAL SPRIM	
		NORTH PROVIDENCE, RI 02	

\$1.0000 rporation by an auth e, this report must b AM. This electron he affirmation or ac- rument is that indivi	be executed on be	ehalf of the e individue of the
e, this report must b AM. This electron he affirmation or ac	be executed on be ic signature of the knowledgement of	ehalf of the e individue of the
stated herein are tr s § 7-1.2.		
poration		