



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 MAR 29 PM 1:57

1. Entity ID Number 80126		2. Exact name of the Corporation Cardiology Specialists, Ltd.			
3. Principal Office Address 45 Wells Street, Suite 102			City Westerly	State RI	Zip 02891
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island The rendering of professional services of physicians and surgeons			
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 Howard L. Haronian			Vice-President Name Steven M. Kutz		
Street Address 45 Wells Street, Suite 102			Street Address 45 Wells Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Jon F. Scheiber			Treasurer Name Steven M. Kutz		
Street Address 45 Wells Street, Suite 102			Street Address 45 Wells Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par
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 <i>Howard L. Haronian</i>					Date <i>3.3.17</i>
Signature of Authorized Representative 					FILED
MAR 29 2017					

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

BY CR 299641