



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

Annual Report for the year: 2018
 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 80126		2. Exact name of the Corporation Cardiology Specialists, Ltd.			
3. Principal Office Address 45 Wells St, Suite 102		City Westerly	State RI	Zip 02891	
4. NAICS Code 621111		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 Stephen M. Kutz		
Street Address 45 Wells St. Ste 102			Street Address 45 Wells St. Ste 102		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Jon F. Scheiber			Treasurer Name Stephen M. Kutz		
Street Address 45 Wells St. Ste 102			Street Address 45 Wells St. Ste 102		
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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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/SERIES		
			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 Stephen M. Kutz					Date 03/14/18
Signature of Authorized Representative 					

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
 MAR 16 2018
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