



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.

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 MAY 14 PM 1:58

1. Entity ID Number 14526		2. Exact name of the Corporation SRIPATHI A.S. KARANTH, M.D., INC.			
3. Principal Office Address 20 CUMBERLAND HILL ROAD		City WOONSOCKET		State RI	Zip 02895
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island RENDERING PROFESSIONAL SERVICES AS A PHYSICIAN			
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 SRIPATHI A.S. KARANTH			Vice-President Name SRIPATHI A.S. KARANTH		
Street Address 20 CUMBERLAND HILL ROAD			Street Address 20 CUMBERLAND HILL ROAD		
City WOONSOCKET		State RI	Zip 02895	City WOONSOCKET	
Secretary Name SRIPATHI A.S. KARANTH		Treasurer Name SRIPATHI A.S. KARANTH			
Street Address 20 CUMBERLAND HILL ROAD			Street Address 20 CUMBERLAND HILL ROAD		
City WOONSOCKET		State RI	Zip 02895	City WOONSOCKET	
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	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES	C. ASS/SFRIFS	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 SRIPATHI A.S. KARANTH, M.D.				Date	
Signature of Authorized Representative <i>[Signature]</i>				FILED SIGN DOCUMENT HERE MAY 14 2018 BY <i>[Signature]</i> 330561	