



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.

Annual Report for the year: 2019
 Corporation _____

2019 JUL 19 AM 11:07

- 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 000014526		2. Exact name of the Corporation Sripathi A. S. Karanth MD 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 Professional Services - 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 None		
Street Address 20 Cumberland Hill Road			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
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	State RI	Zip 02895
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		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. <i>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.</i>					
Name of Authorized Representative Sripathi A. S. Karanth				Date 7/19/2019	
Signature of Authorized Representative FILED					

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

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