



State of Rhode Island

Department of State - Business Services Division

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 STATE OF RHODE ISLAND
 R.I. DEPT. OF BUSINESS SERVICES
 BUS SVCS DIV

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

2023 FEB 7 AM 10

1. Entity ID Number 000116050		2. Exact name of the Corporation Alfred A. Paul, M.D. and Lin Chou, M.D., Inc.			
3. Principal Office Address 465 East Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 621320		6. Brief description of the character of business conducted in Rhode Island To render professional medical services to the general public by persons authorized to practice medicine in the state of Rhode Island, including but not limited to the practice of ophthalmology.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alfred A. Paul			Vice-President Name Lin Chou		
Street Address 465 East Avenue			Street Address 465 East Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Lin Chou			Treasurer Name Lin Chou		
Street Address 465 East Avenue			Street Address 465 East Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Alfred A. Paul			Director Name Lin Chou		
Street Address 465 East Avenue			Street Address 465 East Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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		
			PAR VALUE		
			300 Common with 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 Alfred A. Paul				FILED	Date 1-31-2023
Signature of Authorized Representative <i>Alfred A. Paul</i>				FEB 07 2023	

BY AM 5557
10:10

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