



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
Corporation

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

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	
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, MD			Vice-President Name Lin Chou, MD		
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, MD			Treasurer Name Lin Chou, MD		
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, MD			Director Name Lin Chou, MD		
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		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 300	CLASS/SERIES Common Shares	PAR VALUE no par value
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 Alfred A. Paul, MD				FILED	Date 1-17-2024
Signature of Authorized Representative <i>Alfred A. Paul, MD</i>					

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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