

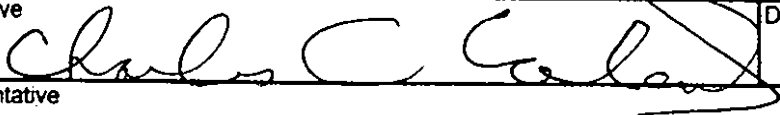


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

STATE OF RHODE ISLAND
 CORPORATIONS DIV.
 2020 JAN 16 AM 11:12

- 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 60423		2. Exact name of the Corporation Charles C. Calenda, M.D., Inc.			
3. Principal Office Address 404 Tollgate Road			City Warwick	State RI	Zip 02886
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Ophthalmology practice and optical shop			
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 Charles C. Calenda, M.D.			Vice-President Name Charles C. Calenda, M.D.		
Street Address 404 Tollgate Road			Street Address 404 Tollgate Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Charles C. Calenda, M.D.			Treasurer Name Charles C. Calenda, M.D.		
Street Address 404 Tollgate Road			Street Address 404 Tollgate Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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	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 Charles C. Calenda, M.D.			Date 1/13/20		
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

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

JAN 16 2020
 BY QFBPAEG FORM 630 - Revised: 10/2017