



**State of Rhode Island
Department of State - Business Services Division**

FILED
FEB 20 2024
BY *[Signature]*

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 129733		2. Exact name of the Corporation Lucille C. Vega, M.D., Inc.			
3. Principal Office Address C/O 1243 POST ROAD			City WARWICK	State RI	Zip 02888
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island THE PRACTICE OF MEDICINE			
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 LUCILLE C. VEGA, M.D.			Vice-President Name		
Street Address C/O 1243 POST ROAD			Street Address		
City WARWICK	State RI	Zip 02888	City	State	Zip
Secretary Name LUCILLE C. VEGA, M.D.			Treasurer Name LUCILLE C. VEGA, M.D.		
Street Address C/O 1243 POST ROAD			Street Address C/O 1243 POST ROAD		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LUCILLE C. VEGA, M.D.			Director Name		
Street Address C/O 1243 POST ROAD			Street Address		
City WARWICK	State RI	Zip 02888	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	
		100		COMMON	
				PAR VALUE	
				\$0.00	
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 LUCILLE C. VEGA, M.D.					Date 2/15/2024
Signature of Authorized Representative <i>Lucille Vega, M.D.</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