



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

→ 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 101623		2. Exact name of the Corporation Smithfield Pediatrics, Inc.			
3. Principal Office Address 41 Sanderson Road, Suite 202			City Smithfield	State RI	Zip 02917
4. NAICS Code 62 - Health Care and Social Ass		6. Brief description of the character of business conducted in Rhode Island To engage in 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 Stephanie J. Penchuk, M.D.			Vice-President Name Dinusha Dietrich, M.D.		
Street Address 41 Sanderson Road, Suite 202			Street Address 41 Sanderson Road, Suite 202		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Stephanie J. Penchuk, M.D.			Treasurer Name Stephanie J. Penchuk, M.D.		
Street Address 41 Sanderson Road, Suite 202			Street Address 41 Sanderson Road, Suite 202		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephanie J. Penchuk, M.D.			Director Name Dinusha Dietrich, M.D.		
Street Address 41 Sanderson Road, Suite 202			Street Address 41 Sanderson Road, Suite 202		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
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		
			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 Stephanie J. Penchuk, M.D.					Date 3/28/2017
Signature of Authorized Representative <i>Stephanie J. Penchuk 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

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