



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<br><b>101623</b>   |                    | 2. Exact name of the Corporation<br><b>Smithfield Pediatrics, Inc.</b>   |   |                    |                          |
| 3. Principal Office Address<br><b>41 Sanderson Road, Suite 202</b>   |                    |  | City<br><b>Smithfield</b>   | State<br><b>RI</b> | Zip<br><b>02917</b>      |
| 4. NAICS Code<br><b>62 - Health Care and Social Ass</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>To engage in the practice of medicine.</b> |   |                    |                          |
| 5. State of Incorporation<br><b>Rhode Island</b>   |                    |  |   |                    |                          |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                    |                          |
| President Name<br><b>Stephanie J. PENCHUK, M.D.</b>  |                    |  | Vice-President Name<br><b>Dinusha Dietrich, M.D.</b>  |                    |                          |
| Street Address<br><b>41 Sanderson Road, Suite 202</b>  |                    |  | Street Address<br><b>41 Sanderson Road, Suite 202</b>   |                    |                          |
| City<br><b>Smithfield</b>  | State<br><b>RI</b> | Zip<br><b>02917</b>  | City<br><b>Smithfield</b>   | State<br><b>RI</b> | Zip<br><b>02917</b>      |
| Secretary Name<br><b>Stephanie J. PENCHUK, M.D.</b>  |                    |  | Treasurer Name<br><b>Stephanie J. PENCHUK, M.D.</b>   |                    |                          |
| Street Address<br><b>41 Sanderson Road, Suite 202</b>  |                    |  | Street Address<br><b>41 Sanderson Road, Suite 202</b>   |                    |                          |
| City<br><b>Smithfield</b>  | State<br><b>RI</b> | Zip<br><b>02917</b>  | City<br><b>Smithfield</b>   | State<br><b>RI</b> | Zip<br><b>02917</b>      |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |   |                    |                          |
| Director Name<br><b>Stephanie J. PENCHUK, M.D.</b>   |                    |  | Director Name<br><b>Dinusha Dietrich, M.D.</b>  |                    |                          |
| Street Address<br><b>41 Sanderson Road, Suite 202</b>  |                    |  | Street Address<br><b>41 Sanderson Road, Suite 202</b>   |                    |                          |
| City<br><b>Smithfield</b>  | State<br><b>RI</b> | Zip<br><b>02917</b>  | City<br><b>Smithfield</b>   | State<br><b>RI</b> | Zip<br><b>02917</b>      |
| Director Name  |                    |  | Director Name   |                    |                          |
| Street Address   |                    |  | Street Address  |                    |                          |
| City   | State              | Zip  | City  | State              | Zip                      |
| 9. Shares Authorized   |                    |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                          |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    |  | NUMBER OF SHARES  |                    | CLASS/SERIES             |
|  |                    |  | 100   |                    | Common                   |
|  |                    |  |   |                    | 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.<br><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<br><b>Stephanie J. PENCHUK, M.D.</b>   |                    |  |   |                    | Date<br><b>3/28/2017</b> |
| Signature of Authorized Representative<br><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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