RI SOS Filing Number: 201855765380 Date: 1/5/2018 4:00:00 PM

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

FILED
JAN 05 2018
BY

Annual Report for the year: 2018
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	2. Exact name of the Corporation
140865	Iwona Paolucci MD, Ltd.

3. Principal Office Address	City	State	Zip
6 Martingale Drive	Warwick	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621111	Medical Services Practice
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Iwona Paolucci, MD			Vice-President Name: Iwona Paolucci, MD		
Street Address: 6 Martingale Drive			Street Address: 6 Martingale Drive		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886
Secretary Name: Iwona Paolucci, MD			Treasurer Name: Iwona Paolucci, MD		
Street Address: 6 Martingale Drive			Street Address: 6 Martingale Drive		
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 ☐

Director Name: Iwona Paolucci, MD			Director Name		
Street Address: 6 Martingale Drive			Street Address		
City: Warwick	State: RI	Zip: 02886	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	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	Date
Iwona Paolucci, MD	12/29/17
Signature of Authorized Representative	12/29/17

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017