RI SOS Filing Number: 201857907120 Date: 2/8/2018 4:00:00 PM

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

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
53168	EAST BAY PEDIATRIC & ADOLESCENT MEDICINE ASSOCIATES, INC.

3. Principal Office Address	City	State	Zip
234 Maple Avenue	Barrington	RI	02806

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

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

President Name: Marcolino Ferretti			Vice-President Name: Jane M. Dennison		
Street Address: 234 Maple Avenue			Street Address: 234 Maple Avenue		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806
Secretary Name: Jane M. Dennison			Treasurer Name: Angela Grenander		
Street Address: 234 Maple Avenue			Street Address: 234 Maple Avenue		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806

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

Director Name: Jane M. Dennison			Director Name: Angela Grenander		
Street Address: 234 Maple Avenue			Street Address: 234 Maple Avenue		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806
Director Name: Marcolino Ferretti			Director Name: None		
Street Address: 234 Maple Avenue			Street Address:		
City: Barrington	State: RI	Zip: 02806	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	Common	$1.00 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: **Jane M. Dennison**

Date: 1/22/18

Signature of Authorized Representative: X

FILED
FEB 08 2018

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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