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

FILED
FEB 26 2018 STATE
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		
793395	JAMES A. GALLO MD, INC		
3. Principal Office Address	City	State	Zip
828 TOLLGATE ROAD	WARWICK	RI	02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
621330	PSYCHIATRIST		
5. State of Incorporation			
RHODE ISLAND			

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

President Name: JAMES A. GALLO, MD			Vice-President Name: JAMES A. GALLO, MD		
Street Address: 31 VALLEY LOOK COURT			Street Address: 31 VALLEY LOOK COURT		
City: WEST GREENWICH	State: RI	Zip: 02817	City: WEST GREENWICH	State: RI	Zip: 02817
Secretary Name: JAMES A. GALLO, MD			Treasurer Name: JAMES A. GALLO, MD		
Street Address: 31 VALLEY LOOK COURT			Street Address: 31 VALLEY LOOK COURT		
City: WEST GREENWICH	State: RI	Zip: 02817	City: WEST GREENWICH	State: RI	Zip: 02817

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

Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	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
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
⊗ James A. Gallo MD	⊗ 2/20/18
Signature of Authorized Representative	

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