



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

FILED

FEB 26 2018 STAMP

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.

BY 11/16
2018

1. Entity ID Number 793395		2. Exact name of the Corporation JAMES A. GALLO MD, INC			
3. Principal Office Address 828 TOLLGATE ROAD		City WARWICK		State RI	Zip 02886
4. NAICS Code 621330	6. Brief description of the character of business conducted in Rhode Island PSYCHIATRIST				
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 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 <input type="checkbox"/>					
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 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.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
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 James A. Gallo, MD					Date 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