

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

DEC 19 2018

BY

2/11/9
[Signature]**Annual Report for the year: 2019**
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 140865		2. Exact name of the Corporation Iwona Paolucci MD, Ltd.												
3. Principal Office Address 6 Martingale Drive			City Warwick	State RI	Zip 02886									
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Medical Services Practice												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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 <input type="checkbox"/>														
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 <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par			
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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 Iwona Paolucci, MD				Date 12/15/18										
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