



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

STAMP

 FILE
 BUSINESS SERVICES DIVISION
 DEPARTMENT OF STATE

1. Entity ID Number 86647		2. Exact name of the Corporation William S. Buonanno, M.D., Inc.												
3. Principal Office Address 35 Sockanosset Cross Road			City Cranston	State RI	Zip 02920									
4. NAICS Code 62111 }		6. Brief description of the character of business conducted in Rhode Island Medical Services												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name William S. Buonanno			Vice-President Name William S. Buonanno											
Street Address 35 Sockanosset Cross Road			Street Address 35 Sockanosset Cross Road											
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920									
Secretary Name William S. Buonanno			Treasurer Name William S. Buonanno											
Street Address 35 Sockanosset Cross Road			Street Address 35 Sockanosset Cross road											
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized														
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
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			
			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 William S. Buonanno					Date 12/20/18									
Signature of Authorized Representative 														
SIGN DOCUMENT HERE														

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

FILED

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