Stat	e of Rhode Island and Pr Office of the Secret		Fee: \$50.00
	Division Of Busines 148 W. River S Providence RI 029 (401) 222 30	Street 904-2615	
HOPE	(401) 222-30	940	
Professional Corporation Annual Report Filing Period: January 1 - Marcl			
	.2-1501(e), each corporation fail days after the time prescribed by ee of \$25.00.		
ANNUAL REPORT YEAR: 20	)19		
1. Corporate ID No. 000	0152231		
2. Name of Corporation LU	JCIANO SZTULMAN M.D.,	INC.	
3. Street Address Principal I			
	DALL SQUARE, SUITE 401	State: <u>RI</u> Zip: <u>02904</u> Cou	ntry: <u>USA</u>
4. Business Phone No.			
401-521-1006			
5. State of Incorporation			
State: <u>RI</u>			
	ARTICLE III		
	e that best describes the primary formation on <u>NAICS</u> can be found	v business conducted by the entity. d online.	Download
<u>621111</u>			
6. Brief Description of the C	haracter of Business Conduct	ed in Rhode Island	
MEDICAL PRACTICE			
7. Names and Addresses of	the Officers and Directors:		
	must be listed. If officers and applicable; please delete.	/or directors have been elected,	the title
Title	Individual Name	Address	
PRESIDENT	First, Middle, Last, Suffix	Address, City or Town, State, Zip Coo	
		PROVIDENCE, RI 02904- US	

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issue and Outstandin <i>Num of</i> <i>Shares</i>
CWP		\$1.0000	10,000.00	100
0	• /		0 0	
Signed this 3 Day of Janu individuals signing this in signatory, under penalties act and deed of the corpor electronic filing, in compli By <u>LUCIANO SZTULMA</u> Signature of Authorized	strument constitutes the of perjury, that this in cation, and that the fac ance with R.I. Gen. La AN	ne affirmation or ackn estrument is that indiv ets stated herein are th tws § 7-1.2.	owledgement of idual's act and d	the eed or the