



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.

FILED
 JAN 10 2019
 BY: 3315

1. Entity ID Number 101901		2. Exact name of the Corporation Duane T. Golomb, M.D., Inc.			
3. Principal Office Address 595 Washington Street			City Coventry	State RI	Zip 02816
4. NAICS Code 541611		6. Brief description of the character of business conducted in Rhode Island To Provide Medical & Associated Health Care Management 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 Duane T. Golomb			Vice-President Name		
Street Address 229 Old Plainfield Pike			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Secretary Name Duane T. Golomb			Treasurer Name Duane T. Golomb		
Street Address 229 Old Plainfield Pike			Street Address 229 Old Plainfield Pike		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Duane T. Golomb			Director Name		
Street Address 229 Old Plainfield Pike			Street Address		
City Foster	State RI	Zip 02825	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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		300		Common	NPV
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. <i>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.</i>					
Name of Authorized Representative Duane T. Golomb					Date 1-7-19
Signature of Authorized Representative SIGN DOCUMENT HERE					