



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

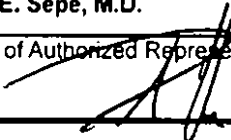
Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAFF

1. Entity ID Number 102204		2. Exact name of the Corporation Thomas E. Sepe, M.D., Inc.			
3. Principal Office Address 33 Staniford Street			City Providence	State RI	Zip 02905
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island To Engage in the Practice of Medicine			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas E. Sepe, M.D.			Vice-President Name None		
Street Address 33 Staniford Street			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas E. Sepe, M.D.			Director Name None		
Street Address 33 Staniford Street			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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	\$01
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 Thomas E. Sepe, M.D.					Date 01/02/2018
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

JAN 22 2019

BY

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FORM 630 - Revised: 10/2017