



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

FILED

JAN 28 2019

BY 1008

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 16571		2. Exact name of the Corporation GRAHAM J. NEWSTEAD, M.D., INC.			
3. Principal Office Address 300 TOLLGATE ROAD, SUITE 204			City WARWICK	State RI	Zip 02886
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island PROFESSIONAL SERVICES AS PHYSICIANS AND SURGEONS SPECIALIZING IN PEDIATRICS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GRAHAM J. NEWSTEAD, M.D.			Vice-President Name		
Street Address 300 TOLLGATE ROAD, SUITE 204			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Secretary Name GRAHAM J. NEWSTEAD, M.D.			Treasurer Name GRAHAM J. NEWSTEAD, M.D.		
Street Address 300 TOLLGATE ROAD, SUITE 204			Street Address 300 TOLLGATE ROAD, SUITE 204		
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 GRAHAM J. NEWSTEAD, M.D.			Director Name		
Street Address 300 TOLLGATE ROAD, SUITE 204			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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	COMMON	\$0.00
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 GRAHAM J. NEWSTEAD, M.D.				Date 1/27/19	
Signature of Authorized Representative SEE 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