



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

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

2019 FEB 11 AM 8:37

- 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<br><b>000007581</b>   |                    | 2. Exact name of the Corporation<br><b>David J. DiSanto, M.D., Inc.</b>  |  |                    |                     |
| 3. Principal Office Address<br><b>2464 Pawtucket Avenue</b>   |                    |  | City<br><b>East Providence</b>                 | State<br><b>RI</b> | Zip<br><b>02914</b> |
| 4. NAICS Code<br><b>621111</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>To Render Professional Services by Those Authorized to Practice Medicine</b> |  |                    |                     |
| 5. State of Incorporation<br><b>Rhode Island</b>  |                    |  |  |                    |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |  |                    |                     |
| President Name<br><b>David J. DiSanto</b>   |                    |  | Vice-President Name                            |                    |                     |
| Street Address<br><b>2464 Pawtucket Avenue</b>  |                    |  | Street Address                                 |                    |                     |
| City<br><b>East Providence</b>  | State<br><b>RI</b> | Zip<br><b>02914</b>  | City   | State              | Zip                 |
| Secretary Name<br><b>David J. DiSanto</b>   |                    |  | Treasurer Name<br><b>David J. DiSanto</b>      |                    |                     |
| Street Address<br><b>2464 Pawtucket Avenue</b>  |                    |  | Street Address<br><b>2464 Pawtucket Avenue</b> |                    |                     |
| City<br><b>East Providence</b>  | State<br><b>RI</b> | Zip<br><b>02914</b>  | City<br><b>East Providence</b>                 | State<br><b>RI</b> | Zip<br><b>02914</b> |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |  |                    |                     |
| 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  |                    | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |  |                    |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                    | NUMBER OF SHARES   |  | CLASS/SERIES       | PAR VALUE           |
|   |                    | <b>100</b>   |  | <b>Common</b>      | <b>No Par Value</b> |
| 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<br><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<br><b>David J. DiSanto</b>  |                    |  |  |                    | Date                |
| Signature of Authorized Representative<br><i>[Handwritten Signature]</i>  |                    |  |  |                    |                     |

SIGN DOCUMENT HERE

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BY GA 2/25

MAIL TO:  
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