



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

STAMP

**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 000035715		2. Exact name of the Corporation Donald V. Fagnoli, M.D., Inc.			
3. Principal Office Address 1358 Smith Street		City North Providence		State RI	Zip 02911
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island The professional practice of medicine (Ophthalmology) and all things incidental thereto			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Donald V. Fagnoli		Vice-President Name Same as President			
Street Address 1358 Smith Street		Street Address			
City North Providence	State RI	Zip 02911	City	State	Zip
Secretary Name Same as President		Treasurer Name Same as President			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name None		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.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100			NO
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. <b>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.</b>					
Name of Authorized Representative Donald V. Fagnoli, President					Date 2/11/19
Signature of Authorized Representative <i>Donald V. Fagnoli, M.D.</i>					FILED <i>OR</i>

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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