



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

FEB 15 2019

BY

19617

1. Entity ID Number 53168		2. Exact name of the Corporation EAST BAY PEDIATRIC & ADOLESCENT MEDICINE ASSOCIATES, INC.			
3. Principal Office Address 234 Maple Avenue		City Barrington		State RI	Zip 02806
4. NAICS Code 621111	6. Brief description of the character of business conducted in Rhode Island Operation of medical practice				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Marcolino Ferretti			Vice-President Name Jane M. Dennison		
Street Address 234 Maple Avenue			Street Address 234 Maple Avenue		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Jane M. Dennison			Treasurer Name Angela Grenander		
Street Address 234 Maple Avenue			Street Address 234 Maple Avenue		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jane M. Dennison			Director Name Angela Grenander		
Street Address 234 Maple Avenue			Street Address 234 Maple Avenue		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name Marcolino Ferretti			Director Name None		
Street Address 234 Maple Avenue			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
9. Shares Authorized 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.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1000		Common		\$1.00 Par Value	
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 Marcolino Ferretti, President					Date 1/10/19
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.n.gov