



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 28 2019
 BY 1565
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1. Entity ID Number 89818		2. Exact name of the Corporation Dr. Michael C. Souza, Inc.			
3. Principal Office Address 1275 Wampanaug Trail			City East Providence	State RI	Zip 02915
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island To provide primary medical care			
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 Dr. Michael C. Souza			Vice-President Name None		
Street Address 1275 Wampanaug Trail			Street Address		
City East Providence	State RI	Zip 02915	City	State	Zip
Secretary Name Dr. Michael C. Souza			Treasurer Name Dr. Michael C. Souza		
Street Address 1275 Wampanaug Trail			Street Address 1275 Wampanaug Trail		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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
		1,000		common	\$0.01
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 Dr. Michael C. Souza				Date 2/22/19	
Signature of Authorized Representative 					