



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

MAR 04 2019

BY

9740 DS

1. Entity ID Number 122314		2. Exact name of the Corporation Women's Internal Medicine, Inc.			
3. Principal Office Address 1672 South County Trail, Suite 303			City East Greenwich	State RI	Zip 02818
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island To provide medical services.			
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 Flora Treger, M.D.			Vice-President Name Kristin Poshkus, M.D.		
Street Address 1672 South County Trail, Suite 303			Street Address 1672 South County Trail, Suite 303		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Dana Chofay, M.D.			Treasurer Name Mariola Nowak, M.D.		
Street Address 1672 South County Trail, Suite 303			Street Address 1672 South County Trail, Suite 303		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Flora Treger, M.D.			Director Name Dana Chofay, M.D.		
Street Address 1672 South County Trail, Suite 303			Street Address 1672 South County Trail, Suite 303		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name Mariola Nowak, M.D.			Director Name Kristin Poshkus, M.D.		
Street Address 1672 South County Trail, Suite 303			Street Address 1672 South County Trail, Suite 303		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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
		80		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 Flora Treger, M.D.				Date 2-27-19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	