



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 20 2019

BY

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1. Entity ID Number 996001		2. Exact name of the Corporation Toder Rheumatology & Osteoporosis Center, P.C.			
3. Principal Office Address 1524 Atwood Avenue #333			City Johnston		State RI
			Zip 02919		
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island 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 J. Scott Toder, M.D.			Vice-President Name Kiley D. Toder, M.D.		
Street Address 1524 Atwood Avenue #333			Street Address 1524 Atwood Avenue #333		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Kiley D. Toder, M.D.			Treasurer Name J. Scott Toder, M.D.		
Street Address 1524 Atwood Avenue #333			Street Address 1524 Atwood Avenue #333		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name J. Scott Toder, M.D.			Director Name		
Street Address 1524 Atwood Avenue #333			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 1,000	CLASS/SERIES Common	PAR VALUE \$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. <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 J. Scott Toder, M.D.					Date 2/28/19
Signature of Authorized Representative <i>[Signature]</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