



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.

RECEIVED
SECRETARY OF STATE
CORPORATION DIV
STAMP

2019 MAR 25 AM 11:20

1. Entity ID Number <u>000096678</u>		2. Exact name of the Corporation <u>Albert J. Marano, M.D. Incorporated</u>	
3. Principal Office Address <u>1524 Atwood Ave Ste 244</u>		City <u>Johnston</u>	State <u>RI</u>
4. NAICS Code <u>621111</u>		6. Brief description of the character of business conducted in Rhode Island <u>To render medical and surgical professional services by persons authorized to practice as Physicians and surgeons.</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Albert J. Marano, M.D.</u>		Vice-President Name <u>None</u>	
Street Address <u>1239 Hartford Ave.</u>		Street Address	
City <u>Johnston</u>	State <u>RI</u>	City	State
Zip <u>02919</u>		Zip	
Secretary Name <u>Albert J. Marano M.D.</u>		Treasurer Name <u>Albert J. Marano M.D.</u>	
Street Address <u>1239 Hartford Ave.</u>		Street Address <u>1239 Hartford Ave.</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02919</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Albert J. Marano, M.D.</u>		Director Name <u>None</u>	
Street Address <u>1239 Hartford Ave.</u>		Street Address	
City <u>Johnston</u>	State <u>RI</u>	City	State
Zip <u>02919</u>		Zip	
Director Name <u>None</u>		Director Name <u>None</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 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
		<u>8,000</u>	<u>CWP</u>
			PAR VALUE
			<u>\$1.00</u>
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. <u>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.</u>			
Name of Authorized Representative <u>Albert J. Marano, M.D.</u>		Date <u>3/15/19</u>	
Signature of Authorized Representative 		SIGN DOCUMENT FILED	

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

MAR 25 2019

BY MNSQA.
A.A. 11:22 A.M.

FORM 630 - Revised: 10/2017