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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

GECRETARY OF STATE CORPORATIONS STAMP

Annual Report for the year: Corporation

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→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

3. Principal Office Address   1524 Atwood Avenue Stezyy   Johnston   RI   22p   02919   4. NAICS Code   6. Brief description of the character of business conducted in Rhode Island   To render Medical and Surgical profession   5. State of Incorporation   Services by persons authorized to practice as Physicians and Surgeous   Check the box to indicate an attachment   7. List All Officers (names and addresses)   Check the box to indicate an attachment   7. Physicians and Surgeous   Check the box to indicate an attachment   7. Street Address   Street Address   7. List All Officers (names and addresses)   Street Address   7. List All Officers (names and addresses)   Street Address   7. List All Officers (names and addresses)   Street Address   7. List All Officers (names and addresses)   Street Address   7. List All Officers (names and addresses)   Street Address   7. List All Officers (names and addresses)   Street Address   7. List All Officers (names and addresses)   Street Address   7. List All Officers (names and addresses)   Check the box to indicate an attachment   7. List All Officers (names and addresses)   Check the box to indicate an attachment   7. List All Officers (names and addresses)   Check the box to indicate an attachment   7. List All Officers (names and addresses)   Check the box to indicate an attachment   7. List All Officers (names and addresses)   Check the box to indicate an attachment   7. List All Officers (names and addresses)   Check the box to indicate an attachment   7. List All Officers (names and addresses)   Check the box to indicate an attachment   7. List All Officers (names and addresses)   Check the box to indicate an attachment   7. List All Officers (names and addresses)   Check the box to indicate an attachment   7. List All Officers (names and addresses)   Check the box to indicate an attachment   7. List All Officers (names and addresses)   Check the box to indicate an attachment   7. List All Officers (names and addresses)   Check the box to indicate an attachment   7. Li	1 Entity ID Number	2 Evact name of	the Competion							
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Albert J. Marano M.D.  Street Address    Director Name   Direc	1239 Hartt	and Ave		Street Address	•					
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8. List ALL directors (names and addresses)  Director Name  Albert J. Maran M.D.  Street Address  City Johnston State R.I. Zip 0 2919  Director Name  None  Street Address  City State Zip  Director Name  None  Street Address  City State Zip  Director Name  Director Name  None  Street Address  City State Zip  Other Address  City State Zip  Street Address  City State Zip  Other Address  Check the box to indicate an attachment Number of Shares  Number of Shares  Chassiseries PAR Value  Bepartment of State.  Changes require an additional filling.  11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receive 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.		State	Zip 62919	City John	12400	State RJ	Z'p 2919			
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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 2 5 2019

FORM 630 - Revised: 10/2017

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