



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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SECRETARY OF STATE
CORPORATIONS STAMP

2019 MAR 25 AM 11:20
STATE OF RHODE ISLAND
SECRETARY OF STATE

1. Entity ID Number 000096678		2. Exact name of the Corporation Albert J. Marano, M.D., Incorporated	
3. Principal Office Address 1524 Atwood Avenue Ste 244		City Johnston	State RI
Zip 02919			
4. NAICS Code 621111	6. Brief description of the character of business conducted in Rhode Island To render medical and surgical professional services by persons authorized to practice as physicians and surgeons.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Albert J. Marano, M.D.		Vice-President Name None	
Street Address 1239 Hartford Ave		Street Address	
City Johnston	State RI	Zip 02919	
Secretary Name Albert J. Marano, M.D.		Treasurer Name Albert J. Marano, M.D.	
Street Address 1239 Hartford Ave.		Street Address 1239 Hartford Ave.	
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 Albert J. Marano, M.D.		Director Name None	
Street Address 1239 Hartford Ave		Street Address	
City Johnston	State RI	Zip 02919	
Director Name None		Director Name None	
Street Address		Street Address	
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.		10. Shares Issued	
Changes require an additional filing.		NUMBER OF SHARES 8,000	CLASS/SERIES CWP
			PAR VALUE \$1.00
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 Albert J. Marano, M.D.		Date 3/15/19	
Signature of Authorized Representative 		SIGN DOCUMENT HERE 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 **MNS QA.**
A.A.H. 21 A.M.
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