



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

Annual Report for the year: **2019**  
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

**FILED**

JUN 05 2019

STAMP

BY 4387

1. Entity ID Number <b>136690</b>		2. Exact name of the Corporation <b>Cumberland Medical Associates Condominium Center, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Operation of a medical condominium office.</b>			
4. NAICS Code <b>813910 - Business Associat</b>					
6. Principal Office Address <b>2138 Mendon Road, Suite 201</b>		City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>George B. Gettinger, DMD</b>		Vice-President Name			
Street Address <b>2138 Mendon Road, Suite 201</b>		Street Address			
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Secretary Name <b>Lindsay F. Gettinger</b>		Treasurer Name <b>Lindsay F. Gettinger</b>			
Street Address <b>2138 Mendon Road, Suite 201</b>		Street Address <b>2138 Mendon Road, Suite 201</b>			
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name		Director Name <b>Michael Mariorenzi, MD</b>			
Street Address <b>725 Reservoir Avenue, Suite 101</b>		Street Address <b>725 Reservoir Avenue, Suite 101</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
Director Name <b>Louis J. Mariorenzi, MD</b>		Director Name			
Street Address <b>725 Reservoir Avenue, Suite 101</b>		Street Address			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>George B. Gettinger, DMD</b>				Date <b>5/31/19</b>	
Signature of Officer/Authorized Representative <i>George B. Gettinger DMD</i>				SIGN DOCUMENT HERE	

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