



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
 CORPORATIONS DIV

2019 DEC 10 AM 11:34

1. Entity ID Number 111679		2. Exact name of the Corporation Michael W. Lucarelli, D.O., Inc.			
3. Principal Office Address 688 Frenchtown Road, Suite 1		City East Greenwich	State RI	Zip 02818	
4. NAICS Code 621111	6. Brief description of the character of business conducted in Rhode Island Provision of 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 Michael W. Lucarelli, D.O.		Vice-President Name Michael W. Lucarelli, D.O.			
Street Address 688 Frenchtown Road, Suite 1		Street Address 688 Frenchtown Road, Suite 1			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Michael W. Lucarelli, D.O.		Treasurer Name Michael W. Lucarelli, D.O.			
Street Address 688 Frenchtown Road, Suite 1		Street Address 688 Frenchtown Road, Suite 1			
City East Greenwich	State RI	Zip 02852	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael W. Lucarelli, D.O.		Director Name			
Street Address 688 Frenchtown Road, Suite 1		Street Address			
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	common	\$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 Michael W. Lucarelli, D.O.				Date 12/10/19	
Signature of Authorized Representative <i>Michael W. Lucarelli</i>			SIGN DOCUMENT HERE		

FILED *C*

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

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