



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

1. Entity ID Number 1677699		2. Exact name of the Corporation Frank Michael D'Alessandro, MD Holding Company, Inc.	
3. Principal Office Address 2130 Mendon Road		City Cumberland	State RI
4. NAICS Code 999999		6. Brief description of the character of business conducted in Rhode Island Holding company	
5. State of Incorporation Rhode Island		Zip 02864	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert S. Crausman, M.D.		Vice-President Name Robert S. Crausman, M.D.	
Street Address 2130 Mendon Road		Street Address 2140 Mendon Rd.	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Secretary Name Robert S. Crausman, M.D.		Treasurer Name Robert S. Crausman, M.D.	
Street Address 2140 Mendon Rd.		Street Address 2140 Mendon Rd.	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Robert S. Crausman, M.D.		Director Name	
Street Address 2140 Mendon Rd.		Street Address	
City Cumberland	State RI	City	State
Zip 02864		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 0	CLASS/SERIES Common
			PAR VALUE \$0.01
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 Robert S. Crausman, M.D.		Date 12/8/19	
Signature of Authorized Representative 		SIGN DOCUMENT UP 1:02	

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

FILED

JAN 13 2020

FORM 630 - Revised: 10/2017

BY **OP 24 NBY**