



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

Annual Report for the year: **2020**
Corporation

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

FILED
STAMP

JAN 21 2020

BY

15192

1. Entity ID Number 53168		2. Exact name of the Corporation EAST BAY PEDIATRIC & ADOLESCENT MEDICINE ASSOCIATES, INC.			
3. Principal Office Address 234 Maple Avenue			City Barrington	State RI	Zip 02806
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Operation of medical practice			
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 Marcolino Ferretti			Vice-President Name Marcolino Ferretti		
Street Address 234 Maple Avenue			Street Address 234 Maple Avenue		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Angela Grenander			Treasurer Name Angela Grenander		
Street Address 234 Maple Avenue			Street Address 234 Maple Avenue		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Angela Grenander			Director Name Marcolino Ferretti		
Street Address 234 Maple Avenue			Street Address 234 Maple Avenue		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1000		Common		\$1.00 Par Value	
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 Angela Grenander				Date 1/8/20	
Signature of Authorized Representative 				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.n.gov