



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

FEB 03 2020 STAMP

BY

815208

1. Entity ID Number 76340		2. Exact name of the Corporation Alexander Scagnelli, M.D., P.C.			
3. Principal Office Address 468 Kingstown Rd. Unit 4E			City Wakefield	State R.I.	Zip 02879
4. NAICS Code 621112		6. Brief description of the character of business conducted in Rhode Island Psychiatric Practice of Medicine			
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 Alexander Scagnelli			Vice-President Name Alexander Scagnelli		
Street Address 468 Kingstown Rd. Unit 4E			Street Address 468 Kingstown Rd. Unit 4E		
City Wakefield	State R.I.	Zip 02879	City Wakefield	State R.I.	Zip 02879
Secretary Name Alexander Scagnelli			Treasurer Name Alexander Scagnelli		
Street Address 468 Kingstown Rd. Unit 4E			Street Address 468 Kingstown Rd. Unit 4E		
City Wakefield	State R.I.	Zip 02879	City Wakefield	State R.I.	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Alexander Scagnelli			Director Name		
Street Address 468 Kingstown Rd. Unit 4E			Street Address		
City Wakefield	State R.I.	Zip 02879	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		
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 Alexander Scagnelli					Date 1/16/2020
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.ri.gov