



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

BY

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JO

1. Entity ID Number 035446		2. Exact name of the Corporation Richard P. San Antonio, M.D., FACC, Inc.	
3. Principal Office Address 215 Tollgate Road		City Warwick	State RI
		Zip 02886	
4. NAICS Code 8111	6. Brief description of the character of business conducted in Rhode Island 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 Richard P. San Antonio		Vice-President Name Richard P. San Antonio	
Street Address 215 Tollgate Road		Street Address 215 Tollgate Road	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02886	
Secretary Name Richard P. San Antonio		Treasurer Name Richard P. San Antonio	
Street Address 215 Tollgate Road		Street Address 215 Tollgate Road	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02886	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Richard P. San Antonio		Director Name	
Street Address 215 Tollgate Road		Street Address	
City Warwick	State RI	City	State
Zip 02886		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		500	COMMON
			NONE
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 Richard P. San Antonio, President			Date
Signature of Authorized Representative <i>Richard P. San Antonio</i>			SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov