



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

**FILED**

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

FEB 03 2020

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

BY

4789  
*[Signature]*

1. Entity ID Number <b>035446</b>		2. Exact name of the Corporation <b>Richard P. San Antonio, M.D., FACC, Inc.</b>	
3. Principal Office Address <b>215 Tollgate Road</b>		City <b>Warwick</b>	State <b>RI</b>
		Zip <b>02886</b>	
4. NAICS Code <b>8111</b>	social Ast	6. Brief description of the character of business conducted in Rhode Island <b>Practice of medicine.</b>	
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Richard P. San Antonio</b>		Vice-President Name <b>Richard P. San Antonio</b>	
Street Address <b>215 Tollgate Road</b>		Street Address <b>215 Tollgate Road</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02886</b>		Zip <b>02886</b>	
Secretary Name <b>Richard P. San Antonio</b>		Treasurer Name <b>Richard P. San Antonio</b>	
Street Address <b>215 Tollgate Road</b>		Street Address <b>215 Tollgate Road</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02886</b>		Zip <b>02886</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Richard P. San Antonio</b>		Director Name	
Street Address <b>215 Tollgate Road</b>		Street Address	
City <b>Warwick</b>	State <b>RI</b>	City	State
Zip <b>02886</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		<b>500</b>	<b>COMMON</b>
			<b>NONE</b>
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.			
<b>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.</b>			
Name of Authorized Representative <b>Richard P. San Antonio, President</b>			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  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov