



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

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000068930		2. Exact name of the Corporation SOUTH COUNTY INTERNAL MEDICINE, INC.			
3. Principal Office Address 481 Kingstown Road			City Wakefield	State RI	Zip 02879
4. NAICS Code 62111		6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE A BUSINESS ENGAGED IN THE PRACTICE OF INTERNAL MEDICINE. TITLE 7-1.1-51			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul F. Barratt, MD			Vice-President Name Nitin S. Damle, MD		
Street Address 124 Grande Brooke Circle, Apt. #1734			Street Address 189 Cedar Drive		
City Wakefield	State RI	Zip 02879	City Jamestown	State RI	Zip 02835
Secretary Name Timothy J. O'Mara, MD			Treasurer Name Letitia A. Horrigan, DO		
Street Address 52 Hollywood Avenue			Street Address 4 Gae Street		
City Narragansett	State RI	Zip 02852	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	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/ST.R.F.S.		
			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 Paul F. Barratt, MD				Date January 24, 2020	
Signature of Authorized Representative <i>Paul F. Barratt, MD</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

FORM 630 - Revised: 10/2017