RI SOS Filing Number: 202035659770 Date: 2/28/2020 4:00:00 PM

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

FILED
FEB 28 2020 STAMP
BY

**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.

| 1. Entity ID Number | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 001074768 | Maureen Chung M.D. PhD. Inc | | |
| 3. Principal Office Address | City | State | Zip |
| 21 Reliance Drive | bristol | RI | 02809 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | |
| 621111 | Medicine | | |
| 5. State of Incorporation | | | |
| Rhode Island | | | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: Maureen Chung MD | | | Vice-President Name: James Saletnik (Chief Operating Officer) | | |
| Street Address: 21 Reliance Drive | | | Street Address: 21 Reliance Drive | | |
| City: Bristol | State: RI | Zip: 02809 | City: Bristol | State: RI | Zip: 02809 |
| Secretary Name: Maureen Chung MD | | | Treasurer Name: Maureen Chung MD | | |
| Street Address: 21 Reliance Drive | | | Street Address: 21 Reliance Drive | | |
| City: Bristol | State: RI | Zip: 02809 | City: Bristol | State: RI | Zip: 02809 |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: None | | | Director Name: None | | |
| Street Address: | | | Street Address: | | |
| City: | State: | Zip: | City: | State: | Zip: |
| Director Name: None | | | Director Name: None | | |
| Street Address: | | | Street Address: | | |
| City: | State: | Zip: | City: | State: | Zip: |

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 1,000.00 | STK | $0.0100 |
| | | |

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 | Date |
|---|---|
| Maureen Chung MD | 2/25/2020 |

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

FORM 630 - Revised: 10/2017