



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

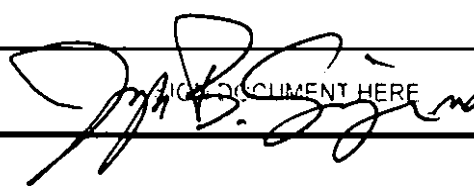
FILED

MAR 18 2020

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.

77 7075

1. Entity ID Number 51296		2. Exact name of the Corporation RIVERSIDE PEDIATRICS, INC			
3. Principal Office Address 50 Amaral Street		City East Providence		State RI	Zip 02915
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island PROVIDING PROFESSIONAL MEDICAL SERVICES			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name JOSEPH B. SINGER			Vice-President Name PATRICIA LYNCH-GADALETA		
Street Address 6 Belton Circle			Street Address 10 Howard Avenue		
City Barrington	State RI	Zip 02806	City North Providence	State RI	Zip 02911
Secretary Name JOSEPH B. SINGER			Treasurer Name PATRICIA LYNCH-GADALETA		
Street Address 6 Belton Circle			Street Address 10 Howard Avenue		
City Barrington	State RI	Zip 02806	City North Providence	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name JOSEPH B. SINGER			Director Name PATRICIA LYNCH-GADALETA		
Street Address 6 Belton Circle			Street Address 10 Howard Avenue		
City Barrington	State RI	Zip 02806	City North Providence	State RI	Zip 02911
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		CLASS/SERIES			
NUMBER OF SHARES		PAR VALUE			
200		COMMON		NO 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 JOSEPH B. SINGER, PRESIDENT				Date February 18, 2020	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov