



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

OCT 15 2020

1. Entity ID Number 486865		2. Exact name of the Corporation Internal Medicine Partners, Inc.		BY <u>3633</u> <i>DS</i>	
3. Principal Office Address 1635 Mineral Spring Avenue		City North Providence	State RI	Zip 02904	
4. NAICS Code 621111	6. Brief description of the character of business conducted in Rhode Island Medical services.				
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 Puneet Sud, M.D.		Vice-President Name			
Street Address 1635 Mineral Spring Avenue		Street Address			
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Puneet Sud, M.D.		Treasurer Name Puneet Sud, M.D.			
Street Address 1635 Mineral Spring Avenue		Street Address 1635 Mineral Spring Avenue			
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name Puneet Sud, M.D.		Director Name			
Street Address 1635 Mineral Spring Avenue		Street Address			
City North Providence	State RI	Zip 02904	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 1,000	CLASS/SERIES Common	PAR VALUE \$0.01	
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 Puneet Sud, M.D.				Date	
Signature of Authorized Representative <i>Puneet Sud M.D.</i>				SIGN DOCUMENT HERE 10/8/2020	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2815

Phone: (401) 222-3040

Website: www.sos.ri.gov