



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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

DEC 21 2020

12990

1. Entity ID Number 485563		2. Exact name of the Corporation MARC WEINBERG M.D.PERSONAL HEALTHCARE LTD.			
3. Principal Office Address MOSHASSUCK MEDICAL CNT,ONE RANDAL SQUARE,ST30			City PROVIDENCE	State RI	Zip 02904
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island MEDICAL OFFICE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARC S. WEINBERG, MD			Vice-President Name		
Street Address Moshassuck Med.Center,One Randal Sq. Ste 304			Street Address		
City PROVIDENCE	State RI	Zip 02904	City	State	Zip
Secretary Name MARC S. WEINBERG,MD.			Treasurer Name MARC S. WEINBERG,MD.		
Street Address Moshassuck Med.Center,One Randal Sq. Ste 304			Street Address Moshassuck Med.Center,One Randal Sq. Ste 304		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARC S. WEINBERG,MD.			Director Name		
Street Address Moshassuck Med.Center,One Randal Sq. Ste 304			Street Address		
City 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 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/SERIALS	PAR VALUE
		100	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 <i>Marc S Weinberg</i>					Date 11-09-20
Signature of Authorized Representative <i>Marc S Weinberg</i>					

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