



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

JAN 22 2021

BY

1. Entity ID Number 000033186		2. Exact name of the Corporation George J. Jacewicz M.D., Inc.			
3. Principal Office Address 95 Tollgate Road			City Warwick	State RI	Zip 02886
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Physician's office, specialist in otology			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name George J. Jacewicz, M.D.			Vice-President Name George J. Jacewicz, M.D.		
Street Address 95 Tollgate Rd			Street Address 95 Tollgate Rd.		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name George J. Jacewicz, M.D.			Treasurer Name George J. Jacewicz, M.D.		
Street Address 95 Tollgate Rd.			Street Address 95 Tollgate Rd.		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name George J. Jacewicz, M.D.			Director Name none		
Street Address 95 Tollgate Rd.			Street Address none		
City Warwick	State RI	Zip 02886	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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
			600		No par value
			none	none	none
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 George J. Jacewicz, M.D.					Date 1/11/2020
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

FORM 630 - Revised: 08/2020