RI SOS Filing Number: 202190118200 Date: 2/4/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of	ess Services I	Division	ision FILED				
Annual Report for the year: 2021 Corporation			_ FEB 04 2021				
 → Filing period: January 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.0 		t filed by April 1.		B/	9(504 S	
1. Entity ID Number		2. Exact name of the Corporation					
750264	Family D	octors Group		 	To: ·	1=	
3. Principal Office Address 1990 Pawtucket Avenue			City East Provide	ence	State RI	Zip 02914	
4. NAICS Code 62 5. State of Incorporation Rhode island		Brief description of the character of business conducted in Rhode Island Medical Practice					
7. List ALL officers (names and	IVice-President	Check the box to indicate an attachment Vice-President Name					
President Name Margaret A. Su	Appear regional Manie						
Street Address 1990 Pawtucket Avenue			Street Address				
City East Providence	State RI	^{Zip} 02914	City		State	Zıp	
Secretary Name Margaret A. Sun, M.D.			Treasurer Name Margaret A. Sun, M.D.				
Street Address 1990 Pawtucket Avenue			Street Address 1990 Pawtucket Avenue				
City East Providence	State RI	^{Zip} 02914	City East Pro	ovidence	State RI	^{Zip} 02914	
List ALL directors (names ar Director Name	d addresses)		Director Name		k the box to ii	ndicate an attachment	
		<u> </u>					
Street Address			Street Address				
City	State	Zîp	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	agged in the	10. Shares Iss		Chec CLASS/SEF		ndicate an attachment PAR VALUE	
This information is currently of record in the Department of State.		1,000		Common		S.01	
Changes require an additional fi	ling.				<u> </u>		
11. This report must be execut trustee, this report must be exe		•			poration is in t	he hands of a receiver or	
Under penalty of perjury, I do	eclare and affirm (hat I have examin	ed this report, is		ompanying s	chedules and	
Name of Authorized Representative Date Date							
Margaret A. Sun, M.D., President					01/	29/2021	
Signature of Authorized Repre	sentative Mer	repul/s					
		7)					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov