State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

FEB 04 2021

BY 2004 OS

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.

1. Entity ID Number	2. Exact name of the Corporation
750264	Family Doctors Group, PC

3. Principal Office Address	City	State	Zip
1990 Pawtucket Avenue	East Providence	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
62 1511	Medical Practice
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Margaret A. Sun, M.D.	
Street Address: 1990 Pawtucket Avenue	Street Address
City: East Providence; State: RI; Zip: 02914	City; State; Zip
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 Providence; State: RI; Zip: 02914

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip
Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip

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
	1,000	Common	$.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	Date
Margaret A. Sun, M.D., President	01/29/2021

Signature of Authorized Representative: Margaret A. Sun

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: 10/2017