



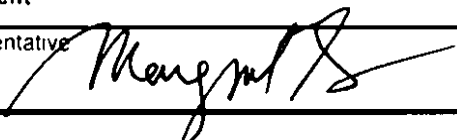
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

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.

FEB 04 2021
BY 2004 OS

1. Entity ID Number 750264		2. Exact name of the Corporation Family Doctors Group, PC			
3. Principal Office Address 1990 Pawtucket Avenue		City East Providence		State RI	Zip 02914
4. NAICS Code 62 1511		6. Brief description of the character of business conducted in Rhode Island Medical Practice			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Margaret A. Sun, M.D.			Vice-President Name		
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 Check the box to indicate an attachment ☐					
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 1,000	CLASS/SERIES Common	PAR VALUE \$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 Margaret A. Sun, M.D., President					Date 01/29/2021
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