FILED
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BY 627

State of Rhode Island and Providence Plantations
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.

1. Entity ID Number	2. Exact name of the Corporation			
0000 32271	Joseph DiBenedetto Jr. MD INC			
3. Principal Office Address		City	State	Zip
27 Greenwood Lane		Lincoln	RI	02865
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
621111	Physician			
5. State of Incorporation				
RI				

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

President Name	Vice-President Name
Joseph DiBenedetto	None
Street Address	Street Address
27 Greenwood Ln	
City / State / Zip	City / State / Zip
Lincoln RI 02865	
Secretary Name	Treasurer Name
None	None
Street Address	Street Address
City / State / Zip	City / State / Zip

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

Director Name	Director Name
None	None
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
None	None
Street Address /	Street Address
City / State / Zip	City / State / Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1	CWP	1000

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
Joseph DiBenedetto Jr. MD Patricia M. DiBenedetto	2/15/2020
Signature of Authorized Representative	
Matthew M. DiBenedetto	

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: 02/2017