



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.

| | | | |
|--|--|---|---------------------|
| 1. Entity ID Number 165275 | | 2. Exact name of the Corporation Gregory G. Allen, Jr., D.O., Inc. | |
| 3. Principal Office Address PO Box 334 | | City East Greenwich | State RI |
| 4. NAICS Code 621111 | 6. Brief description of the character of business conducted in Rhode Island Internal Medicine Practice / Medical Consultation | | |
| 5. State of Incorporation RI | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Gregory G. Allen Jr. | | Vice-President Name None | |
| Street Address 659 Middle Road | | Street Address | |
| City East Greenwich | State RI | Zip 02818 | |
| Secretary Name None | | Treasurer Name None | |
| Street Address | | Street Address | |
| City | State | Zip | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name None | | Director Name None | |
| Street Address | | Street Address | |
| City | State | Zip | |
| Director Name None | | Director Name None | |
| Street Address | | Street Address | |
| 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 <input type="checkbox"/> | |
| | | NUMBER OF SHARES 0 | CLASS/SERIES STK |
| | | | PAR VALUE \$0.01 |
| 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. <i>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.</i> | | | |
| Name of Authorized Representative Gregory G. Allen, Jr. | | Date 02/02/2021 | |
| Signature of Authorized Representative | | | |

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 R.I. DEPT. OF STATE
 BUSINESS DIV.
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