					_		
State of Rhode Island Department of Sta	ite - Busines	ss Services [Division				
Annual Report for the ye Corporation	ar: 2021						
→ Filing period: January 1 - N → Filing Fee: \$50.00	flarch 1						
→ Penalty: Additional \$25.00 fo	ee if form is not f	filed by April 1.			2021	, , , , , , , , , , , , , , , , , , ,	
Entity ID Number	2. Exact name of the Corporation				- 	SE Z	
165275	Gregory G. Allen, Jr., D.O., Inc.				1	PEC	
3. Principal Office Address	City		State O.	S STEE			
PO Box 334	East Green		RIT				
4. NAICS Code	Brief description of the character of business conducted in Rhode Isla					3 < <u>></u>	
621111	Internal Medicine Practice / Medical Consultation				ب 2	, m	
State of Incorporation RI							
7. List ALL officers (names and add President Name	resses)			Check th	e box to i	ndicate an attachment	
Gregory G. Allen Jr	Vice-President Name None						
Street Address 659 Middle Road			Street Address	3	 -		
City East Greenwich	State RI	Zip 02818	City		State	Zip	
Secretary Name None			Treasurer Name None				
Street Address	 		Street Address		- ·		
City	State	Zip	City	<u> </u>	State	Zip	
List ALL directors (names and ad Director Name	dresses)		<u> </u>	Check th	e box to i	ndicate an attachment	
None	Director Name	Director Name None					
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name None			Director Name	Director Name None			
Street Address	Street Address						
Спу	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Issue		Check the	e box to in	ndicate an attachment	
This information is currently of record in the NUMBER OF Department of State. Changes require an additional filing.		HARES	ARES CLASS/SERIES PAR VALUE				
				STK		\$0.01	
11. This report must be executed on	behalf of the cor	Doration by an aut	thorized mores	entative If the comes	tion is in t	he hands of a manifest	
rada de la labolitura de executer	ar unit decirani un ille	LODOHANDO DV IN	M FACEIVAL ALTA	ICTAA			
Under penalty of perjury, I declare statements, and that all statemen	is contained hel	'i have examined rein are true and	i this report, in correct	cluding any accomp	anying so	hedules and	
Name of Authorized Representative					Date		
Gregory G. Allen, Jr.					021	02 202	
Signature of Authorized Representa:	tive					FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB U 8 2021

BY E19V

FORM 630 - Revised: 08/2020

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