



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2020  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
R.I. DEPT. OF STATE  
BUS. SVCS. DIV.  
2021 FEB - 8 P 12:39

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	Zip 02818
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Gregory G. Allen Jr.			Vice-President Name None		
Street Address 659 Middle Road			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
0			STK		\$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. <b>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.</b>					
Name of Authorized Representative Gregory G. Allen, Jr.				Date 02/02/2021	
Signature of Authorized Representative 					

FILED

FEB 08 2021

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

BY DEJ19V  
FORM 630 - Revised: 08/2020  
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