



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.

FILED

FEB 05 2021

STAMP

[Signature]

RV

1846

1. Entity ID Number 000312931		2. Exact name of the Corporation Gabriele Hughes, MS, PCNS, Inc.			
3. Principal Office Address 620 Main Street, Unit 5		City East Greenwich		State RI	Zip 02818
4. NAICS Code 621330		6. Brief description of the character of business conducted in Rhode Island Medical Services			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Gabriele Hughes		Vice-President Name			
Street Address 620 Main Street, Unit 5		Street Address			
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Gabriele Hughes		Treasurer Name Gabriele Hughes			
Street Address 620 Main Street, Unit 5		Street Address 620 Main Street, Unit 5			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Gabriele Hughes		Director Name			
Street Address 620 Main Street, Unit 5		Street Address			
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment ☐			
		NUMBER OF SHARES		CLASS/ES	PAR VALUE
		100			\$0.0100
Changes require an additional filing.					
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 Gabriele Hughes					Date 1/31/21
Signature of Authorized Representative <i>Gabriele Hughes</i>					SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov