

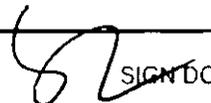
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 R.I. DEPT. OF STATE
 BUSINESS SERVICES DIVISION
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 CHECK TARIFF CODE ONLY



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 000166773		2. Exact name of the Corporation KEITH L. CALLAHAN, MD, PC			
3. Principal Office Address 390 Tollgate Road, Ste 108			City Warwick	State RI	Zip 02886
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Practice of medicine			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Keith L. Callahan			Vice-President Name		
Street Address 11 Tall Pine Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Keith L. Callahan			Treasurer Name Keith L. Callahan		
Street Address 11 Tall Pine Drive			Street Address 11 Tall Pine Drive		
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 <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS:RIFS	PAR VA. UF
		100		Common	No Par Value
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 Keith L. Callahan, President					Date 2/7/2021
Signature of Authorized Representative 					FILED m

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

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