RI SOS Filing Number: 202193293580 Date: 2/26/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

FEB 26 2021

B. LeBlanc DS

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	2. Exact name of the Corporation			
127483	Nardone Medical Associates, Inc.			
3. Principal Office Address		City	State	Zip
333 School Street, Ste. 112		Pawtucket	RI	02860
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
621111	To operate a medical practice.			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Ahmad Al-Raqqad, M.D.					
Street Address			Street Address		
333 School Street, Ste. 112					
City	State	Zip	City	State	Zip
Pawtucket	RI	02860			
Secretary Name			Treasurer Name		
Ahmad Al-Raqqad, M.D.			Ahmad Al-Raqqad, M.D.		
Street Address			Street Address		
333 School Street, Ste. 112			333 School Street, Ste. 112		
City	State	Zip	City	State	Zip
Pawtucket	RI	02860	Pawtucket	RI	02860

8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐

Director Name			Director Name		
Ahmad Al-Raqqad, M.D.					
Street Address			Street Address		
333 School Street, Ste. 112					
City	State	Zip	City	State	Zip
Pawtucket	RI	02860			
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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	200	Common	No par value
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	Date
Ahmad Al-Raqqad, M.D.	2/18/21
Signature of Authorized Representative	
Raqq	

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

FORM 630 - Revised: 08/2020