State of Rhode Island

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
MAR 01 2021
BY 002705

1. Entity ID Number	2. Exact name of the Corporation		
141469	Ocean Medical Practice, Inc.		
3. Principal Office Address	**City**	**State**	**Zip**
20 Cumberland Road	Woonsocket	RI	02895
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
621111	To engage in the practice of medicine.		
5. State of Incorporation			
Rhode Island			

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

President Name: Jibran Khan, M.D.			Vice-President Name: NONE		
Street Address: 20 Cumberland Road			Street Address:		
City: Woonsocket	State: RI	Zip: 02895	City:	State:	Zip:
Secretary Name: Jibran Khan, M.D.			Treasurer Name: Jibran Khan, M.D.		
Street Address: 20 Cumberland Road			Street Address: 20 Cumberland Road		
City: Woonsocket	State: RI	Zip: 02895	City: Woonsocket	State: RI	Zip: 02895

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

Director Name: Jibran Khan, M.D.			Director Name:		
Street Address: 20 Cumberland Road			Street Address:		
City: Woonsocket	State: RI	Zip: 02895	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.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	Common	$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.

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
Jibran Khan, M.D.	02/18/21
Signature of Authorized Representative	

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