RI SOS Filing Number: 202193500750 Date: 3/1/2021 4:00:00 PM

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 1458

1. Entity ID Number	2. Exact name of the Corporation			
101623	Smithfield Pediatrics, Inc.			
3. Principal Office Address		City	State	Zip
7 Smith Avenue, Suite 103		Greenville	RI	02828
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: Stephanie J. Penchuk, M.D.			Vice-President Name: Dinusha Dietrich, M.D.		
Street Address: 7 Smith Avenue, Suite 103			Street Address: 7 Smith Avenue, Suite 103		
City: Greenville	State: RI	Zip: 02828	City: Greenville	State: RI	Zip: 02828
Secretary Name: Stephanie J. Penchuk, M.D.			Treasurer Name: Stephanie J. Penchuk, M.D.		
Street Address: 7 Smith Avenue, Suite 103			Street Address: 7 Smith Avenue, Suite 103		
City: Greenville	State: RI	Zip: 02828	City: Greenville	State: RI	Zip: 02828

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

Director Name: Stephanie J. Penchuk, M.D.			Director Name: Dinusha Dietrich, M.D.		
Street Address: 7 Smith Avenue, Suite 103			Street Address: 7 Smith Avenue, Suite 103		
City: Greenville	State: RI	Zip: 02828	City: Greenville	State: RI	Zip: 02828
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
Stephanie J. Penchuk, M.D.	2/22/2021

Signature of Authorized Representative: S Penchuk MD

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