RI SOS Filing Number: 202193546550 Date: 3/3/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

MAR 03 2021

BY 1632

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
147151	David A. Carcieri, M.D., Inc.

3. Principal Office Address	City	State	Zip
1637 Mineral Spring Avenue, Suite 211	North Providence	RI	02904

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: David A. Carcieri, M.D.			Vice-President Name:		
Street Address: 1637 Mineral Spring Avenue, Suite 211			Street Address:		
City: North Providence	State: RI	Zip: 02904	City:	State:	Zip:
Secretary Name: David A. Carcieri, M.D.			Treasurer Name: David A. Carcieri, M.D.		
Street Address: 1637 Mineral Spring Avenue, Suite 211			Street Address: 1637 Mineral Spring Avenue, Suite 211		
City: North Providence	State: RI	Zip: 02904	City: North Providence	State: RI	Zip: 02904

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

Director Name: David A. Carcieri, M.D.			Director Name:		
Street Address: 1637 Mineral Spring Avenue, Suite 211			Street Address:		
City: North Providence	State: RI	Zip: 02904	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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	$1.00

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
David A. Carcieri, M.D.	2/18/21

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