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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 3 2021
BY 981

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		
141669	KRENSAVAGE CORPORATION		
3. Principal Office Address	City	State	Zip
76 LAMBIE CIRCLE	PORTSMOUTH	RI	02871
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
62111	MEDICAL TREATMENT FACILITY		
5. State of Incorporation			
RHODE ISLAND			

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

President Name THADDEUS J. KRENSAVAGE, D.O			Vice-President Name THADDEUS J. KRENSAVAGE, D.O		
Street Address 76 LAMBIE CIRCLE			Street Address 76 LAMBIE CIRCLE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name THADDEUS J. KRENSAVAGE, D.O.			Treasurer Name THADDEUS J. KRENSAVAGE, D.O.		
Street Address 76 LAMBIE CIRCLE			Street Address 76 LAMBIE CIRCLE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871

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

Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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.	500	COMMON	NO PAR

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
THADDEUS J. KRENSAVAGE, D.O., PRESIDENT	2/26/21

Signature of Authorized Representative

T. J. Krensavage

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