



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 04 2021

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1. Entity ID Number 001666868		2. Exact name of the Corporation Michael R. Heru, MD, Ltd			
3. Principal Office Address 594 GreatRoad, Ste.105			City North Smithfield	State RI	Zip 02896
4. NAICS Code 621111	6. Brief description of the character of business conducted in Rhode Island Engaging in any lawful business, including health care				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael R. Heru			Vice-President Name Clare Irwin		
Street Address 594 Great Road Ste. 105			Street Address 155 Jastram Street		
City N. Smithfield	State RI	Zip 02896	City Providence	State RI	Zip 02908
Secretary Name Paula Gallagher			Treasurer Name Clare Irwin		
Street Address 636 Margaret Henry Road			Street Address 155 Jastram Street		
City Sterling	State CT	Zip 06377	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			1000	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 Clare Irwin				Date 3-2-2021	
Signature of Authorized Representative <i>Clare Irwin</i>					

MAIL TO:

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