



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation _____

MAR 15 2021
BY ZGUS
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- 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 110454 | | 2. Exact name of the Corporation GREGORY P. STIENER, M.D., INC. | | | | |
| 3. Principal Office Address 131 ALBERT AVENUE | | City CRANSTON | | State RI | Zip 02905 | |
| 4. NAICS Code 621111 | | 6. Brief description of the character of business conducted in Rhode Island THE PRACTICE OF PSYCHIATRIC MEDICINE | | | | |
| 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 GREGORY P. STIENER, M.D. | | | Vice-President Name GREGORY P. STIENER, M.D. | | | |
| Street Address 131 ALBERT AVENUE | | | Street Address 131 ALBERT AVENUE | | | |
| City CRANSTON | State RI | Zip 02905 | City CRANSTON | State RI | Zip 02905 | |
| Secretary Name GREGORY P. STIENER, M.D. | | | Treasurer Name GREGORY P. STIENER, M.D. | | | |
| Street Address 131 ALBERT AVENUE | | | Street Address 131 ALBERT AVENUE | | | |
| City CRANSTON | State RI | Zip 02905 | City CRANSTON | State RI | Zip 02905 | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | |
| Director Name GREGORY P. STIENER, M.D. | | | Director Name NONE | | | |
| Street Address 131 ALBERT AVENUE | | | Street Address | | | |
| City CRANSTON | State RI | Zip 02905 | City | State | Zip | |
| Director Name NONE | | | Director Name NONE | | | |
| 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 <input type="checkbox"/> | | | | |
| | | NUMBER OF SHARES | | CLASS/SERIES | | PAR VALUE |
| | | 100 | 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 GREGORY P. STIENER, M.D. | | | | Date 3/10/2021 | | |
| 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