



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021  
Corporation

MAR 17 2021

- Filing period: January 1 - March 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by April 1

1346259

1 Entity ID Number 108959		2 Exact name of the Corporation Medical & Dental Patient Union, Inc.			
3 Principal Office Address 40 Toll Gate Road		City Warwick		State RI	Zip 02886
4 NAICS Code 812990	6 Brief description of the character of business conducted in Rhode Island To assist people in obtaining medical and dental services at fair and reasonable prices				
5 State of Incorporation Rhode Island					
7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Robert J. Settignano, MD			Vice-President Name None		
Street Address 40 Toll Gate Road			Street Address		
City 40 Toll Gate Road	State RI	Zip 02886	City	State	Zip
Secretary Name Robert J. Settignano, MD			Treasurer Name Robert J. Settignano, MD		
Street Address 40 Toll Gate Road			Street Address 40 Toll Gate Road		
City 40 Toll Gate Road	State RI	Zip 02886	City 40 Toll Gate Road	State RI	Zip 02886
8 List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name v			Director Name		
Street Address 40 Toll Gate Road			Street Address		
City 40 Toll Gate Road	State RI	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized			10 Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/STYLES		
			PAR VALUE		
200			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 Robert J. Settignano, MD				Date 2/28/21	
Signature of Authorized Representative 					