



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 MAY 10 AM 11:27

1. Entity ID Number 101903		2. Exact name of the Corporation Carine Leconte, M.D., Inc.			
3. Principal Office Address 1150 Reservoir Avenue, Suite 205			City Cranston	State RI	Zip 02920
4. NAICS Code 621112		6. Brief description of the character of business conducted in Rhode Island To carry on all business that a physician licensed to practiced medicine in the State of Rhode Island might be involved in.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Carine M. Leconte			Vice-President Name James R. Bonner		
Street Address 1150 Reservoir Avenue, Suite 205			Street Address 1150 Reservoir Avenue, Suite 205		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Carine M. Leconte			Treasurer Name Carine M. Leconte		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 600	CLASS/SERIES common	PAR VALUE 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 Carine M. Leconte, M.D., President				Date 5/5/2021	
Signature of Authorized Representative 				FILED MAY 10 2021 BY <i>f</i> 46NKKZ 11:28	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov