



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 MAY 21 12:22

1. Entity ID Number 56989		2. Exact name of the Corporation Marc A. Jaffe, M.D., Inc.			
3. Principal Office Address 36 Mallard Cove Way		City Barrington		State RI	Zip 02860
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Professional Service Corporation <i>medical practice</i>			
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 Marc A. Jaffe, M.D.			Vice-President Name		
Street Address 36 Mallard Cove Way			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Marc A. Jaffe, M.D.			Treasurer Name Marc A. Jaffe, M.D.		
Street Address 36 Mallard Cove Way			Street Address 36 Mallard Cove Way		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Marc a. Jaffe			Director Name		
Street Address 36 Mallard Cove Wat			Street Address		
City Barrington	State RI	Zip 02806	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/SERIFS
			2,000		Common
			PAR VALUE		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 Marc A. Jaffe, M.D.				Date 5/12/2021	
Signature of Authorized Representative <i>M.A. Jaffe</i>				FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAY 21 2021
 BY *DVBTEJ*
 FORM 030 - Revised: 08/2020

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