



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2021**  
Corporation

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

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

2021 JUN -9 A 9:14

1. Entity ID Number <b>000114447</b>		2. Exact name of the Corporation <b>Mihaela Iovanel, M.D., Inc.</b>				
3. Principal Office Address : 175 NATE WHIPPLE HIGHWAY, SUITE 208			City CUMBERLAND	State RI	Zip 02864	
4. NAICS Code 601000		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF INTERNAL MEDICINE				
5. State of Incorporation RI						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name MIHAELA IOVANEL MD			Vice-President Name MIHAELA IOVANEL MD			
Street Address 117 TAUNTON AVENUE			Street Address 117 TAUNTON AVENUE			
City PLAINVILLE	State MA	Zip 02762	City PLAINVILLE	State MA	Zip 02762	
Secretary Name MIHAELA IOVANEL MD			Treasurer Name MIHAELA IOVANEL MD			
Street Address 117 TAUNTON AVENUE			Street Address 117 TAUNTON AVENUE			
City PLAINVILLE	State MA	Zip 02762	City PLAINVILLE	State MA	Zip 02762	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name MIHAELA IOVANEL MD			Director Name			
Street Address 117 TAUNTON AVENUE			Street Address			
City PLAINVILLE	State MA	Zip 02762	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	PAR VALUE	
		100		STK	\$0.0000	
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.						
<b>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.</b>						
Name of Authorized Representative VIRENDER SINGH, CPA				Date 06/09/2021		
Signature of Authorized Representative <i>Virender Singh</i>						

FILED

JUN 09 2021

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MAIL TO:  
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