



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2019**  
**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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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 <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/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 			

**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

JUN 09 2021  
 BY an m4c25  
 9:15