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 JUN -9 A 9:14

1. Entity ID Number	2. Exact name of the Corporation
000114447	Mihaela Iovanel, M.D., Inc.

3. Principal Office Address	City	State	Zip
: 175 NATE WHIPPLE HIGHWAY, SUITE 208	CUMBERLAND	RI	02864

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
601000	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 ☐

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 ☐

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

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.

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	Date
VIRENDER SINGH, CPA	06/09/2021

Signature of Authorized Representative

FILED
JUN 09 2021
BY Au M4C25
9:15

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

FORM 630 - Revised: 08/2020