



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Corporation

2022

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STAMP

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

2022 FEB 10 PM 2:49

1. Entity ID Number 2279		2. Exact name of the Corporation THE MEDICAL GROUP OF RHODE ISLAND, INC			
3. Principal Office Address 1050 WARWICK AVE.			City WARWICK	State R.I.	Zip 02888
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island RENDERING PROFESSIONAL MEDICAL SERVICES			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DUDLEY BENNETT			Vice-President Name JOHN LOWWEY		
Street Address 56 CARDINAL LANE			Street Address 41 KING PHILIP CIRCLE		
City E. GREENWICH	State R.I.	Zip 02818	City WARWICK	State R.I.	Zip 02888
Secretary Name JOHN LOWWEY			Treasurer Name DUDLEY BENNETT		
Street Address 41 KING PHILIP CIRCLE			Street Address 56 CARDINAL LANE		
City WARWICK	State R.I.	Zip 02888	City E. GREENWICH	State R.I.	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DUDLEY BENNETT			Director Name JOHN LOWWEY		
Street Address 56 CARDINAL LANE			Street Address 41 KING PHILIP CIRCLE		
City E. GREENWICH	State R.I.	Zip 02818	City WARWICK	State R.I.	Zip 02888
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
			200	Common	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. <i>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.</i>					
Name of Authorized Representative DUDLEY BENNETT, PRESIDENT				Date 2/10/22	
Signature of Authorized Representative <i>Dudley Bennett</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

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