RI SOS	Filing Number: 202211032760	Date: 2/15/2022 4:00:00 PM
of₄Rhode Is	and	•

(FF)	Filing Number: 202211032760 and of State - Business Services Di	Date: 2/15/2022 4:00:00 PM	
none.	. ·	14131011	FI

Annual Report for the year: 2022 Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00) fee if form is no	ot filed by May 31.			_				
1. Entity ID Number 102204		2. Exact name of the Corporation Thomas E. Sepe, M.D., Inc.							
3. Principal Office Address			City State Zip						
33 Staniford Street			Provider	nce	RI	02905			
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Island							
621111	To Engag	To Engage in the Practice of Medicine							
5. State of Incorporation	n e e e e e e e e e e e e e e e e e e e								
Rhode Island	1								
7. List ALL officers (names and a	ddresses)			Check	the box to	indicate an attachment			
President Name Thomas E. Sepe, M.D.			Vice-President Name None						
Street Address 33 Staniford S	Street Address								
^{City} Providence	State RI	^{Zip} 02905	City	City		Zip			
Secretary Name	-		Treasurer Name						
Street Address			Street Address						
City	State	Zıp	City		State	Zip			
8. List ALL directors (names and	addresses)		_	Check	the box to	indicate an attachment			
Director Name Thomas E. Sepe, M.D.			Director Name						
Street Address 33 Staniford Stree			Street Address						
Providence	State RI	^{Z_{IP}} 02905	City		State	Zip			
Director Name ~			Director Name						
Street Address	<u> </u>	Street Address							
City	State	Zip	City	<u> </u>	State	Zip			
			Jony .		State	Zip			
9. Shares Authorized		10. Shares Issu				indicate an attachment 🔲			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SLRIES		PAR VALUE			
		100		Common		\$.01			
11. This saned must be executed	an habait at the								
 This report must be executed trustee, this report must be executed 	on benair or the uted on behalf of	the cornoration by an a	luthorized repre the receiver or t	esentative. If the corp trustee	oration is in	the hands of a receiver or			
Under penalty of perjury, I decistatements, and that all statem	lare and affirm t	hat I have examine	d this report.	including any accor	mpanying s	chedules and			
Name of Authorized Representative Date									
Thomas E. Sepe, M.D.			02/02/2022						
Signature of Authorized Represe	ntative								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov