



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year:** 2022  
**Corporation**

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

**FILED**  
 FEB 15 2022  
 BY

1. Entity ID Number <b>76058</b>		2. Exact name of the Corporation <b>David T. Barrall, M.D., Inc.</b>	
3. Principal Office Address <b>151 Waterman Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02906</b>	
4. NAICS Code <b>821111</b>	6. Brief description of the character of business conducted in Rhode Island <b>To engage in the practice of medicine</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>David T. Barrall, M.D.</b>		Vice-President Name <b>David T. Barrall, M.D.</b>	
Street Address <b>151 Waterman Street</b>		Street Address <b>151 Waterman Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Secretary Name <b>David T. Barrall, M.D.</b>		Treasurer Name <b>David T. Barrall, M.D.</b>	
Street Address <b>151 Waterman Street</b>		Street Address <b>151 Waterman Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02906</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>David T. Barrall, M.D.</b>		Director Name	
Street Address <b>151 Waterman Street</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02906</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		<b>500</b>	<b>Common</b>
			<b>No Par</b>
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 <b>David T. Barrall, M.D.</b>		Date <b>2/7/2022</b>	
Signature of Authorized Representative 			

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