RI SOS Filing Number: 202213003920 Date: 3/9/2022 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

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 not filed by May 31.

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1. Entity ID Number 145243	2. Exact name of the Corporation ERIKA FENN VILLELLA RNP INC.						
3. Principal Office Address 22 BROOKFARM ROAD			City N. PROV.		State RI	Z _{ip} 02904	
4. NAICS Code 621399	6. Brief description of the character of business conducted in Rhode Island TO PERFORM AS A REGISTERED NURSE PRACTICIONER						
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Proceedent Name ERIKA FENN VILLELLA			Check the box to indicate an attachment Vice-Fresident Name				
Street Address 22 BROOKFARM ROAD			Street Address				
	State RI	^{Zip} 02904	City	Zity		Zip	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and addresses) Director Name ERIKA FENN VILLELLA Street Address 22 BROOKFARM ROAD			Check the box to indicate an attachment Director Name Street Address				
h		T7in					
Oity N. PROV.	State RI	^{Zip} 02904			State	Zip	
Street Address		Director Name					
			Street Address				
City	State	Zip	City		State	Ζιρ	
9. Shares Authorized This information is currently of record in the Department of State.		10. Shares Issued NUMBER OF SHARES		Check the box to indicate an attachment C.ASS/SERIES PAR VALUE			
		300		COMMON		0.00	
Changes require an additional filing.							
 This report must be executed on trustee, this report must be executed 	d on behalf of th	ne corporation by t	he receiver or tru	istee.			
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 ERIKA FENN VILLELLA - PRESIDENT					Date 1-28-2022		
Signature of Authorized Representa	tive						

MAIL TO:

Division of Business Services

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

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