



State of Rhode Island

Department of State - Business Services Division

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BUS SVCS DIV

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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.

1. Entity ID Number 001690930		2. Exact name of the Corporation Onduo Professionals, P.C.			
3. Principal Office Address 55 Chapel Street, Suite 003			City Newton	State MA	Zip 02458
4. NAICS Code 62111		6. Brief description of the character of business conducted in Rhode Island Delivery of medical services by licensed physicians.			
5. State of Incorporation Pennsylvania					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David M Erani			Vice-President Name		
Street Address 55 Chapel Street, Suite 003			Street Address		
City Newton	State MA	Zip 02458	City	State	Zip
Secretary Name David M Erani			Treasurer Name David M Erani		
Street Address 55 Chapel Street, Suite 003			Street Address 55 Chapel Street, Suite 003		
City Newton	State MA	Zip 02458	City Newton	State MA	Zip 02458
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David M Erani			Director Name		
Street Address 55 Chapel Street, Suite 003			Street Address		
City Newton	State MA	Zip 02458	City	State	Zip
Director Name Patrick R Cunningham			Director Name		
Street Address 55 Chapel Street, Suite 003			Street Address		
City Newton	State MA	Zip 02458	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 <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		A	\$0.00
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 Patrick R Cunningham				Date 03/11/2022	
Signature of Authorized Representative		DocuSigned by: 			