



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

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

FILED

FEB 07 2023

3Y 1134

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1. Entity ID Number 39301		2. Exact name of the Corporation FREDY P. ROLAND, M.D., LTD.												
3. Principal Office Address 333 School Street			City Pawtucket		State RI									
					Zip 02860									
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island MEDICAL SERVICES												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Fredy P. Roland			Vice-President Name Fredy P. Roland											
Street Address 333 School Street			Street Address 333 School Street											
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860									
Secretary Name Fredy P. Roland			Treasurer Name Fredy P. Roland											
Street Address 333 School Street			Street Address 333 School Street											
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name Fredy P. Roland			Director Name											
Street Address 333 School Street			Street Address											
City Pawtucket	State RI	Zip 02860	City	State	Zip									
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 ☐											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	COMMON	NO PAR			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
1000	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.														
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 FREDY P. ROLAND					Date 1/31/2023									
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