



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.

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STAMP

FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number 103189		2. Exact name of the Corporation Dr. Kenneth J. Morrissey, M.D., Professional Corporation			
3. Principal Office Address 33 Applegate Road		City Cranston		State RI	Zip 02920
4. NAICS Code 621399		6. Brief description of the character of business conducted in Rhode Island Practice of medicine and ancillary matters.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kenneth J. Morrissey, M.D.			Vice-President Name		
Street Address 33 Apple GATE RD			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Kenneth J. Morrissey, M.D.			Treasurer Name Kenneth J. Morrissey, M.D.		
Street Address 33 Apple GATE RD			Street Address 33 Apple GATE RD.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	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 Kenneth J. Morrissey, M.D., President				Date 1-23-23	
Signature of Authorized Representative 				FILED	

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

FEB 10 2023
BY J. J. 14197
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