



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 14 2023

BY

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OS

1. Entity ID Number 000110130		2. Exact name of the Corporation Laura S. Nevel, MD., Inc.			
3. Principal Office Address 725 Reservoir Avenue, Suite 100			City Cranston	State RI	Zip 02910
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island To provide medical treatment and services.			
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 Laura S. Nevel, M.D.			Vice-President Name Laura S. Nevel, M.D.		
Street Address 725 Reservoir Avenue, Suite 100			Street Address 725 Reservoir Avenue, Suite 100		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Laura S. Nevel, M.D.			Treasurer Name Laura S. Nevel, M.D.		
Street Address 725 Reservoir Avenue, Suite 100			Street Address 725 Reservoir Avenue, Suite 100		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
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/SER ES		PAR VALUE
			100	Common	no par value
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 Laura S. Nevel, M.D., President				Date 1/30/2023	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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