



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

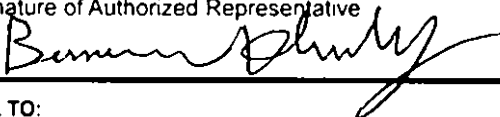
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 21 2023

BY 4683 2023

1. Entity ID Number 154317		2. Exact name of the Corporation Family Internal Medicine, Inc.												
3. Principal Office Address 2295 Diamond Hill Road			City Cumberland	State RI	Zip 02864									
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Physician												
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 Bassam Khabbaz, M.D.			Vice-President Name											
Street Address 2295 Diamond Hill Road			Street Address											
City Cumberland	State RI	Zip 02864	City	State	Zip									
Secretary Name Bassam Khabbaz, M.D.			Treasurer Name Bassam Khabbaz, M.D.											
Street Address 2295 Diamond Hill Road			Street Address 2295 Diamond Hill Road											
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Bassam Khabbaz, M.D.			Director Name											
Street Address 2295 Diamond Hill Road			Street Address											
City Cumberland	State RI	Zip 02864	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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>C. ASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>common</td> <td>\$0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	C. ASS/SERIES	PAR VALUE	100	common	\$0.01			
		NUMBER OF SHARES	C. ASS/SERIES	PAR VALUE										
100	common	\$0.01												
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 Bassam Khabbaz, M.D.					Date 2/17/23									
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

FORM 630 - Revised: 11/2021