



State of Rhode Island  
Department of State - Business Services Division

**FILED**

Annual Report for the year: 2023  
Corporation

FEB 21 2023

BY

- 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 001747375		2. Exact name of the Corporation J & J Lowney Medical, Inc.			
3. Principal Office Address 1050 Warwick Avenue			City Warwick	State RI	Zip 02888
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Medical practice			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Joseph F. Lowney			Vice-President Name Joanne Lowney		
Street Address 1050 Warwick Avenue			Street Address 1050 Warwick Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Joanne Lowney			Treasurer Name Joseph F. Lowney		
Street Address 1050 Warwick Avenue			Street Address 1050 Warwick Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBR OF SHARE S		
			CLASS/SERIES		PAR VALUE
			200	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. <i>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.</i>					
Name of Authorized Representative Joseph F Lowney					Date 2/10/23
Signature of Authorized Representative 					

MAIL TO:  
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