



State of Rhode Island

Department of State - Business Services Division

FILEDAnnual 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) Check the box to indicate an attachment <input type="checkbox"/>														
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) 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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>no par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	no par value			
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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.														
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 Joseph F Lowney					Date 2/10/23									
Signature of Authorized Representative ✓ <i>Joseph F Lowney</i>														

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