



State of Rhode Island
Department of State - Business Services Division

FILED

STAMP

Annual Report for the year: **2023**
Corporation _____

MAR 02 2023
BY 3875 *RS*

FOR SECRETARY OF STATE
USE ONLY

- 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 000543295		2. Exact name of the Corporation NRI Pediatrics PC			
3. Principal Office Address 175 Nute Whipple Hwy #102		City Cumberland		State RI	Zip 02864
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Pediatric practice			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Michelle Bernstein Bennett			Vice-President Name Kristin Grimes		
Street Address 70 Nichoy Dr			Street Address 25 Southbury Rd		
City East Greenwich	State RI	Zip 02818	City Cumberland	State RI	Zip 02864
Secretary Name Kristin Grimes			Treasurer Name Michelle Bernstein Bennett		
Street Address 25 Southbury Rd			Street Address 70 Nichoy Dr		
City Cumberland	State RI	Zip 02864	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			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
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 Michelle Bernstein Bennett / Kristin Grimes, MD					Date 2/14/2025
Signature of Authorized Representative <i>Michelle Bernstein Bennett / Kristin Grimes, MD</i>					

MAIL TO:
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