



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 STAMP

MAR 03 2023

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1. Entity ID Number 108959		2. Exact name of the Corporation Medical & Dental Patient Union, Inc.			
3. Principal Office Address 40 Toll Gate Road		City Warwick		State RI	Zip 02886
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island To assist people in obtaining medical and dental services at fair and reasonable prices			
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 Robert J. Settupane, MD			Vice-President Name None		
Street Address 40 Toll Gate Road			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Robert J. Settupane, MD			Treasurer Name Robert J. Settupane, MD		
Street Address 40 Toll Gate Road			Street Address 40 Toll Gate Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert J. Settupane, MD			Director Name		
Street Address 40 Toll Gate Road			Street Address		
City Warwick	State RI	Zip 02886	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
			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 Robert J. Settupane, MD				Date 2/15/23	
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