



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

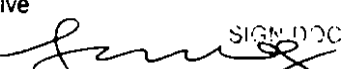
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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1. Entity ID Number <u>82867</u>		2. Exact name of the Corporation <u>MEDI-MANAGEMENT, INC.</u>			
3. Principal Office Address <u>521 ROOSEVELT AVE.</u>		City <u>CENTRAL FALLS</u>		State <u>RI</u>	Zip <u>02863</u>
4. NAICS Code <u>621111</u>		6. Brief description of the character of business conducted in Rhode Island <u>CURRENTLY MANAGING A SMALL AMOUNT OF ACCOUNT RECEIVABLES OF A CLOSED MEDICAL PRACTICE; PROVIDING ANCILLARY SERVICES, SUCH AS INTERPRETING; & ANY OTHER LEGAL BUSINESS.</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>TIN LAI WONG</u>			Vice-President Name		
Street Address <u>903 PROVIDENCE PLACE #453</u>			Street Address		
City <u>PROV.</u>	State <u>RI</u>	Zip <u>02903</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>TIN LAI WONG</u>			Director Name		
Street Address <u>903 PROVIDENCE PLACE, #453</u>			Street Address		
City <u>PROV.</u>	State <u>RI</u>	Zip <u>02903</u>	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"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			<u>100</u> <u>COMMON</u> <u>\$1.00.</u>		
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 <u>TIN LAI WONG</u>				Date <u>2/28/23</u>	
Signature of Authorized Representative  SIGN DOCUMENT HERE					