

KAHN0224 03/08/2023 3:02 PM

State of Rhode Island
Department of State - Business Services DivisionAnnual 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.

MAR 09 2023

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1. Entity ID Number 001683725		2. Exact name of the Corporation DAVID KAHN MD INC.			
3. Principal Office Address 182 BUTLER AVENUE			City PROVIDENCE	State RI	Zip 02906
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island PSYCHIATRY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID A KAHN			Vice-President Name		
Street Address 63 ADAMS POINT ROAD			Street Address		
City BARRINGTON	State RI	Zip 02806	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			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 100		CLASS/SERIES COMMON
			PAR VALUE 1		
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 <i>David Kahn</i>				Date 3/6/23	
Signature of Authorized Representative DAVID A KAHN					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov