

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.

MAR 09 2023  
0251 *[Signature]*

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		8. Brief description of the character of business conducted in Rhode Island  PSYCHIATRY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					<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) <span style="float: right;">Check the box to indicate an attachment</span>					<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 <span style="float: right;">Check the box to indicate an attachment</span>			
This information is currently of record in the Department of State. <i>Changes require an additional filing.</i>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	COMMON	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.					
<b>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.</b>					
Name of Authorized Representative <i>[Signature]</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