RI SOS Filing Number: 202330435600 Date: 3/9/2023 4:00:00 PM

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.

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1. Entity ID Number	2. Exact name of the Corporation
1715077	Pulmonary and Sleep Medicine Associates, Inc.

3. Principal Office Address	City	State	Zip
370 FAUNCE CORNER ROAD, 2ND FLOOR	DARTMOUTH	MA	02747

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621111	THE PRACTICE OF MEDICINE.
5. State of Incorporation	
MASSACHUSETTS	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
CURTIS J. MELLO, M.D.	370 FAUNCE CORNER RD., 2ND FL.	DARTMOUTH	MA	02747

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
CURTIS J. MELLO, M.D.	370 FAUNCE CORNER RD., 2ND FL.	DARTMOUTH	MA	02747

Treasurer Name	Street Address	City	State	Zip
CURTIS J. MELLO, M.D.	370 FAUNCE CORNER RD., 2ND FL.	DARTMOUTH	MA	02747

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
CURTIS J. MELLO, M.D.	370 FAUNCE CORNER RD., 2ND FL.	DARTMOUTH	MA	02747

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	$0.00

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	Date
CURTIS J. MELLO, M.D.	3/6/23

Signature of Authorized Representative

Curtis J. Mello

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023