



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
MAR 14 2023
 BY 16536
OS

1. Entity ID Number 000102819		2. Exact name of the Corporation P.R.I.M.A. INC.			
3. Principal Office Address 2178 Mendon Road, Suite 100			City Cumberland	State RI	Zip 02864
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island To provide pediatric and adolescent medicine.			
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 E. James Monti, Jr., M.D.			Vice-President Name Carol A. O'Shea, M.D.		
Street Address 2178 Mendon Road, Suite 100			Street Address 2178 Mendon Road, Suite 100		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Maria Z. Starakiewicz, M.D.			Treasurer Name E. James Monti, Jr., M.D.		
Street Address 2178 Mendon Road, Suite 100			Street Address 2178 Mendon Road, Suite 100		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name E. James Monti, Jr., M.D.			Director Name Carol A. O'Shea, M.D.		
Street Address 2178 Mendon Road, Suite 100			Street Address 2178 Mendon Road, Suite 100		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Maria Z. Starakiewicz, M.D.			Director Name		
Street Address 2178 Mendon Road, Suite 100			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	common	without 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 E. James Monti, Jr., M.D. E. James Monti, Jr., M.D.				Date 2/6/23	
Signature of Authorized Representative P.R.I.M.A. INC. 2178 Mendon Road, Suite 100 Cumberland, RI 02864					

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