



Department of State - Business Services Division

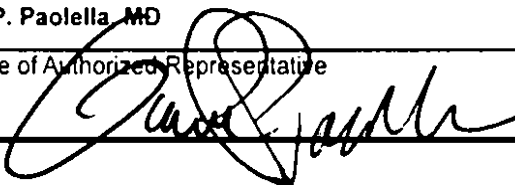
Annual Report for the year: **2023**  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 17 2023

BY 10404  
OS

1. Entity ID Number <b>99447</b>		2. Exact name of the Corporation <b>Mentor Medical Management, Inc.</b>			
3. Principal Office Address <b>1130 Ten Rod Road</b>		City <b>North Kingstown</b>		State <b>RI</b>	Zip <b>02852</b>
4. NAICS Code <b>518210</b>		6. Brief description of the character of business conducted in Rhode Island <b>Medical Billing Services</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Landy P. Paoletta, MD</b>			Vice-President Name <b>Robert Binek, MD</b>		
Street Address <b>1130 Ten Rod Road</b>			Street Address <b>1130 Ten Rod Road</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
Secretary Name <b>Donna Haley</b>			Treasurer Name <b>Donna Haley</b>		
Street Address <b>1130 Ten Rod Road</b>			Street Address <b>1130 Ten Rod Road</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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	
<b>300</b>		<b>Common</b>		<b>No Par</b>	
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 <b>Landy P. Paoletta, MD</b>					Date <b>2-13-2023</b>
Signature of Authorized Representative 					

DUPLICATE DOCUMENT HERE