



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2019**  
**Corporation**

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

2023 APR 13 A 8:50

1. Entity ID Number <b>116310</b>		2. Exact name of the Corporation <b>David B. Stoll, M.D., Ltd.</b>			
3. Principal Office Address 55 Hamlet Avenue			City Woonsocket	State RI	Zip 02895
4. NAICS Code 621111 Offices of physicians		6. Brief description of the character of business conducted in Rhode Island The operation of a professional service corporation of physicians.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name David B. Stoll, M.D.			Vice-President Name David B. Stoll, M.D.		
Street Address 55 Hamlet Avenue			Street Address 55 Hamlet Avenue		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name David B. Stoll, M.D.			Treasurer Name David B. Stoll, M.D.		
Street Address 55 Hamlet Avenue			Street Address 55 Hamlet Avenue		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name NONE			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 <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100	Common	No 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.					
<i>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.</i>					
Name of Authorized Representative David B. Stoll, M.D., President					Date ✓ 4/18/23
Signature of Authorized Representative 					

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

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