State of Riload San & Department of S	State - Busines				uman F	-n	
Annual Report for the year: 2023			FILED APR 18 2023 BY 11631				
 → Filing period: February ² → Filing Fee: \$50.00 → Penalty: Additional \$25.0 							
1. Entity ID Number		2. Exact name of the Corporation					
122314	Women's	Internal Me		<u> </u>			
3. Principal Office Address 1672 South County Trail, Suite 303			City East Gre	enwich	State RI	Zip 02818	
4. NAICS Code		Brief description of the character of business conducted in To provide medical continue.			Island		
621111 5. State of Incorporation	I o provide	To provide medical services.					
Rhode Island							
7. List ALL officers (names and	addresses)		Train and the		k the box to ir	ndicate an attachment	
President Name Flora Treger, M.D.			Vice-President Name Kristin Poshkus, M.D.				
Street Address 1672 South County Trail, Suite 303			Street Address 1672 South County Trail, Suite 303				
^{City} East Greenwich	State RI	^{Zip} 02818	City East Greenwich		State RI	^{Zip} 02818	
Secretary Name Dana Chofa	Treasurer Name Mariola Nowak, M.D.						
Street Address 1672 South County Trail, Suite 303			Street Address 1672 South County Trail, Suite 303				
^{City} East Greenwich	State RI	^{Zip} 02818	City East Greenwich		State RI	^{Z_{ip}} 02818	
8. List ALL directors (names and Director Name	d addresses)		Director Name		k the box to it	ndicate an attachment	
Flora Treger,				Dana Choray,			
Street Address 1672 South (Street Address 1672 South County Trail, Suite 303						
City East Greenwich	State RI	^{Zip} 02818	City East Greenwich		State RI	^{Zip} 02818	
Mariola Nowak, M.D.			Director Name Kristin Poshkus, M.D.				
Street Address 1672 South County Trail, Suite 303			Street Address 1672 South County Trail, Suite 303				
City East Greenwich	State RI	^{Zip} 02818	City East (Greenwich	State RI	^{Zip} 02818	
9. Shares Authorized This information is currently of re	ecord in the	10. Shares Issu NUMBER OF		Chec CLASS/SER		ndicate an attachment PAR VALUE	
Department of State. Changes require an additional filing.		100				\$0.01	
						<u> </u>	
11. This report must be execute trustee, this report must be exe		•	•	•	poration is in t	the hands of a receiver or	
Under penalty of perjury, I de statements, and that all state	clare and affirm th	at I have examine	d this report, i		ompanying se	chedules and	
Name of Authorized Representative					Date 7	Date 3 / 2/1/72	
Signature of Authorized Repres	entative	10-00				120162	
Kee							
MAIL TO:	/ \						

Division of Business Services

WOMEN'S INTERNAL MEDICINE, INC. Corp. ID #122314 Attachment to 2023 Annual Report

Additional Directors

Leah Marano, M.D. 1672 South County Trail Suite 303 East Greenwich, RI 02818

FILED

11631