



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.

APR 20 2023

23190

1. Entity ID Number 129733		2. Exact name of the Corporation Lucille C. Vega, M.D., Inc.			
3. Principal Office Address C/O 1243 POST ROAD			City WARWICK	State RI	Zip 02888
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island THE PRACTICE OF 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 LUCILLE C. VEGA, M.D.			Vice-President Name		
Street Address C/O 1243 POST ROAD			Street Address		
City WARWICK	State RI	Zip 02888	City	State	Zip
Secretary Name LUCILLE C. VEGA, M.D.			Treasurer Name LUCILLE C. VEGA, M.D.		
Street Address C/O 1243 POST ROAD			Street Address C/O 1243 POST ROAD		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LUCILLE C. VEGA, M.D.			Director Name		
Street Address C/O 1243 POST ROAD			Street Address		
City WARWICK	State RI	Zip 02888	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE \$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 LUCILLE C. VEGA, M.D.				Date 4/16/2023	
Signature of Authorized Representative 					