



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

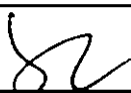
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAY 17 2023

BY 4223

PS

| | | | | | |
|--|-----------------|--|---|--------------------|--------------------------|
| 1. Entity ID Number 000166773 | | 2. Exact name of the Corporation KEITH L. CALLAHAN, MD, PC | | | |
| 3. Principal Office Address 390 Tollgate Road, Suite 108 | | | City Warwick | State RI | Zip 02886 |
| 4. NAICS Code 621111 | | 6. Brief description of the character of business conducted in Rhode Island 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 Keith L. Callahan | | | Vice-President Name | | |
| Street Address 11 Tall Pine Drive | | | Street Address | | |
| City East Greenwich | State RI | Zip 02818 | City | State | Zip |
| Secretary Name Keith L. Callahan | | | Treasurer Name Keith L. Callahan | | |
| Street Address 11 Tall Pine Drive | | | Street Address 11 Tall Pine Drive | | |
| City East Greenwich | State RI | Zip 02818 | City East Greenwich | State RI | Zip 02818 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 | | | 10. Shares Issued 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. | | | NUMBER OF SHARES | | |
| | | | CLASS/ST RIF'S | | |
| | | | 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. 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 Keith L. Callahan, President | | | | | Date 5/14/2023 |
| 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