



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.

STAMP

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2023 JUL 25 P 1:04

1. Entity ID Number <u>000064937</u>		2. Exact name of the Corporation <u>Frank Maggiano Do Inc / moc</u>	
3. Principal Office Address <u>1681 Cranston St</u>		City <u>Cranston</u>	State <u>RI</u>
4. NAICS Code <u>621111</u>		6. Brief description of the character of business conducted in Rhode Island <u>PRACTICE OF MEDICINE</u>	
5. State of Incorporation <u>RI</u>		7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment	
President Name <u>Frank MAGGIACOMO</u>		Vice-President Name	
Street Address <u>1681 Cranston St</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <input type="checkbox"/> Check the box to indicate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		<u>4,000</u> <u>CNP</u> <u>0.00</u>	
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 <u>Robert Rastelli</u>			Date <u>7-25-2023</u>
Signature of Authorized Representative <u>Robert Rastelli</u>			

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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