



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.

REC'D RIDGHS BSD  
23 NOV 15 PM 1:56:42

1. Entity ID Number <b>12999</b>		2. Exact name of the Corporation <b>South County Pediatric Group Inc</b>			
3. Principal Office Address <b>360 Kingstown Road Suite 101</b>		City <b>NARRAGANSETT</b>	State <b>RI</b>	Zip <b>02882</b>	
4. NAICS Code <b>606012999</b>		6. Brief description of the character of business conducted in Rhode Island <b>Medication care</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>DAVID Cheonley</b>			Vice-President Name <b>DAVID Cheonley</b>		
Street Address <b>82 Harbour Island Road</b>			Street Address		
City <b>NARRA</b>	State <b>RI</b>	Zip <b>02882</b>	City	State	Zip
Secretary Name <b>DAVID Cheonley</b>			Treasurer Name <b>DAVID Cheonley</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>DAVID Cheonley</b>			Director Name		
Street Address <b>82 Harbour Island Road</b>			Street Address		
City <b>NARRA</b>	State <b>RI</b>	Zip <b>02882</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <b>300</b>		10. Shares Issued <b>300</b>		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/SERIES	PAR VALUE
		<b>300</b>			<b>01.00</b>
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. <b>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.</b>					
Name of Authorized Representative <b>David Cheonley DAVID Cheonley</b>				Date <b>11/14/23</b>	
Signature of Authorized Representative <b>David Cheonley</b>				<b>FILED 1:56pm</b>	

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

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BY **3GART** **ADL** **157**  
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