



**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: **2022**  
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 RIDGOS BSD  
24 JAN 5 PM 2:21:56

1. Entity ID Number <b>001662615</b>		2. Exact name of the Corporation <b>West Bay Medical Group, INC</b>			
3. Principal Office Address <b>60 Lindsay Lane</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
4. NAICS Code <b>621111</b>		6. Brief description of the character of business conducted in Rhode Island <b>medical</b>			
5. State of Incorporation <b>Rhode Island</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>Sunil Verma</b>			Vice-President Name <b>Sabina Verma</b>		
Street Address <b>60 Lindsay Lane</b>			Street Address <b>60 Lindsay Lane</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name			Treasurer Name		
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>Sunil Verma</b>			Director Name <b>Sabina Verma</b>		
Street Address <b>60 Lindsay Lane</b>			Street Address <b>60 Lindsay Lane</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			none		
			none		
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. <i>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.</i>					
Name of Authorized Representative <b>Sabina Verma</b>			Date <b>12/29/2023</b>		
Signature of Authorized Representative <i>Sabina Verma</i>			<div style="text-align: center;"> <b>FILED</b>  <b>JAN 05 2024</b>  <b>BY GyJGE</b> </div>		

MAIL TO:  
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Website: www.sos.ri.gov

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