RI SOS Filing Number: 202444967770 Date: 1/25/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
JAN 25 2024
BY 17508

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
53168	East Bay Pediatric & Adolescent Medicine Associates, Inc.

3. Principal Office Address	City	State	Zip
234 Maple Avenue	Barrington	RI	02806

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621111	Operation of medical practice
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Marcolino Ferretti	234 Maple Avenue	Barrington	RI	02806

Vice-President Name	Street Address	City	State	Zip
Ariana Raufi	234 Maple Avenue	Barrington	RI	02806

Secretary Name	Street Address	City	State	Zip
Ariana Raufi	234 Maple Avenue	Barrington	RI	02806

Treasurer Name	Street Address	City	State	Zip
Angela Grenander	234 Maple Avenue	Barrington	RI	02806

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Angela Grenander	234 Maple Avenue	Barrington	RI	02806

Director Name	Street Address	City	State	Zip
Marcolino Ferretti	234 Maple Avenue	Barrington	RI	02806

Director Name	Street Address	City	State	Zip
Ariana Raufi	234 Maple Avenue	Barrington	RI	02806

Director Name	Street Address	City	State	Zip
None				

9. Shares Authorized	10. Shares Issued — 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.	1000	Common	$1.00 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	Date
Marcolino Ferretti	1/9/24

Signature of Authorized Representative

X

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

FORM 630 - Revised: 11/2021