| | State of Rhode | | Fee: \$50.00 | | | |
|---|--|-----------------------------------|---------------------|--|--|--|
| | Office of the Secreta | - | | | | |
| | 148 W. River S | | | | | |
| 1636 | Providence RI 029 | | | | | |
| Foreign Business Corpora | (401) 222-30 | 40 | | | | |
| Annual Report | | | | | | |
| Filing Period: February 1 - May | / 1 | | | | | |
| In accordance with R.I.G.L. 7-1 file its annual report within thir | ty (30) days after the time pr | escribed by law | | | | |
| (R.I.G.L. 7-1.2-1501(c&d)) is su | · · · · | | | | | |
| 1. Corporate ID No. 001756182 | | | | | | |
| | | | | | | |
| 2. Name of Corporation <u>Siavoshi Inc.</u> | | | | | | |
| 3. Street Address Principal E | Business Office: | | | | | |
| | RANCE STREET | | | | | |
| City or Town: <u>SAN DIE</u> | <u>GO</u> Sta | te: <u>CA</u> Zip: <u>92103</u> | Country: <u>USA</u> | | | |
| 4. Business Phone No. | | | | | | |
| <u>619-500-1844</u> | | | | | | |
| 5. State of Incorporation | | | | | | |
| State: <u>CA</u> | | | | | | |
| NAICS CODE | | | | | | |
| Enter the six digit NAICS Code Download the list of codes <u>he</u> | - | • | | | | |
| <u>621111</u> | | | | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island | | | | | | |
| | | | | | | |
| PRACTICE OF MEDICINE | | | | | | |
| 7. Names and Addresses of t | the Officers and Directors: | | | | | |
| All officers and directors must be listed. | | | | | | |
| Title | Individual Name First, Middle, Last, Suffix | Addr Address, City or Town, Si | | | | |
| P | | | | | | |

| PRESIDENT | DR. SARA SIAVO | SHI | 553 TORRANCE STREET SAN DIEGO, CA 92103 USA | | |
|-----------------------|-----------------|------------------------|--|--|--|
| Shares Authorized and | Issued | | | | |
| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares | Total Issued and Outstanding Num of Shares | |
| | | | Number of Shares | Snures | |

9. 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.

Signed this 1 Day of February, 2024 at 10:57:19 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By DR. SARA SIAVOSHI

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved