



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**

Corporation

→ Filing period: February 1 - May 1

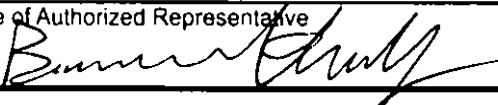
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STAMP

FEB 14 2024

BY 4796

1. Entity ID Number 154317		2. Exact name of the Corporation Family Internal Medicine, Inc.			
3. Principal Office Address 2295 Diamond Hill Road			City Cumberland	State RI	Zip 02864
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Physician			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Bassam Khabbaz, M.D.			Vice-President Name		
Street Address 2295 Diamond Hill Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Bassam Khabbaz, M.D.			Treasurer Name Bassam Khabbaz, M.D.		
Street Address 2295 Diamond Hill Road			Street Address 2295 Diamond Hill Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Bassam Khabbaz, M.D.			Director Name		
Street Address 2295 Diamond Hill Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 100	CLASS/SERIES common	PAR VALUE \$0.01
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 Bassam Khabbaz, M.D.					Date 2 8 - 24
Signature of Authorized Representative 					

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: 12/2023