RI SOS Filing Number: 202446919830 Date: 2/20/2024 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

FEB 2 0 2024

BY 10687

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		
99447	Mentor Medical Management, Inc.		
3. Principal Office Address	City	State	Zip
1130 Ten Rod Road	North Kingstown	RI	02852
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
518210	Medical Billing Services		
5. State of Incorporation			
RI			

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

President Name: Landy P. Paolella, MD			Vice-President Name: Robert Binek, MD		
Street Address: 1130 Ten Rod Road			Street Address: 1130 Ten Rod Road		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852
Secretary Name: Donna Haley			Treasurer Name: Donna Haley		
Street Address: 1130 Ten Rod Road			Street Address: 1130 Ten Rod Road		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	200	Common	No Par
Changes require an additional filing.			

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
Landy P. Paolella, MD	2.9.2024
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: 11/2021