



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  
 MAR 05 2024  
 BY 14389

1. Entity ID Number 103189		2. Exact name of the Corporation Dr. Kenneth J. Morrissey, M.D., Professional Corporation			
3. Principal Office Address 33 Apple <i>GATE RD</i>		City Cranston		State RI	Zip 02920
4. NAICS Code 621399	6. Brief description of the character of business conducted in Rhode Island Practice of medicine and ancillary matters.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Kenneth J. Morrissey, M.D.			Vice-President Name		
Street Address 33 Applegate Road			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Kenneth J. Morrissey, M.D.			Treasurer Name Kenneth J. Morrissey, M.D.		
Street Address 33 Apple <i>GATE RD.</i>			Street Address 33 Apple <i>GATE RD</i>		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		COMMON	NO PAR
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 Kenneth J. Morrissey, M.D., President				Date	
Signature of Authorized Representative <i>Kenneth J. Morrissey</i>					