



**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
MAR 07 2024
BY 10805

1. Entity ID Number 000110130		2. Exact name of the Corporation Laura S. Nevel, MD., Inc.			
3. Principal Office Address 7 Winfield Road			City Providence	State RI	Zip 02906
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island To provide medical treatment and services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Laura S. Nevel, M.D.			Vice-President Name Laura S. Nevel, M.D.		
Street Address 7 Winfield Road			Street Address 7 Winfield Road		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Laura S. Nevel, M.D.			Treasurer Name Laura S. Nevel, M.D.		
Street Address 7 Winfield Road			Street Address 7 Winfield Road		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		Common	
				PAR VALUE	
				no 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 Laura S. Nevel, M.D., President					Date 2/16/24
Signature of Authorized Representative 					

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