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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 AMP
MAR 07 2024
BY 70153

1. Entity ID Number	2. Exact name of the Corporation		
55168	MELCOR, INC		
3. Principal Office Address	City	State	Zip
125 METRO CENTER BLVD, SUITE 2000	WARWICK	RI	02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
621512	OWN AND LEASE REAL ESTATE		
5. State of Incorporation			
RHODE ISLAND			

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

President Name	JOHN A. PEZZULLO, III MD		Vice-President Name	PETER EVANGELISTA, MD	
Street Address	125 METRO CENETER BLVD STE 2000		Street Address	125 METRO CENETER BLVD STE 2000	
City	WARWICK	State RI Zip 02886	City	WARWICK	State RI Zip 02886
Secretary Name	DAVID SWENSON, MD		Treasurer Name	MICHAEL BELAND, MD	
Street Address	125 METRO CENETER BLVD STE 2000		Street Address	125 METRO CENETER BLVD STE 2000	
City	WARWICK	State RI Zip 02886	City	WARWICK	State RI Zip 02886

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

Director Name	JOHN A. PEZZULLO, III MD		Director Name	PETER EVANGELISTA, MD	
Street Address	125 METRO CENETER BLVD STE 2000		Street Address	125 METRO CENETER BLVD STE 2000	
City	WARWICK	State RI Zip 02886	City	WARWICK	State RI Zip 02886
Director Name	DAVID SWENSON, MD		Director Name	MICHAEL BELAND, MD	
Street Address	125 METRO CENETER BLVD STE 2000		Street Address	125 METRO CENETER BLVD STE 2000	
City	WARWICK	State RI Zip 02886	City	WARWICK	State RI Zip 02886

9. Shares Authorized

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	CLASS/SERIES	PAR VALUE
1725	CNP	0

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
MICHAEL BELAND, MD	2/28/24

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: 2/2023