



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 *[Signature]* 2040

1. Entity ID Number 1022219		2. Exact name of the Corporation Partners in Pediatrics, Inc.			
3. Principal Office Address 95 Pitman Street, Ste. B			City Providence	State RI	Zip 02906
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island To operate a pediatric practice.			
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 Michelle Lefebvre, M.D.			Vice-President Name Colette Vieau, M.D.		
Street Address 95 Pitman Street, Ste. B			Street Address 95 Pitman Street, Ste. B		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Michelle Lefebvre, M.D.			Treasurer Name Colette Vieau, M.D.		
Street Address 95 Pitman Street, Ste. B			Street Address 95 Pitman Street, Ste. B		
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 Michelle Lefebvre, M.D.			Director Name Colette Vieau, M.D.		
Street Address 95 Pitman Street, Ste. B			Street Address 95 Pitman Street, Ste. B		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		
			NUMBER OF SHARES 2,000	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 Michelle Lefebvre, M.D.				Date 2-29-24	
Signature of Authorized Representative <i>Michelle Lefebvre MD</i>					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov