

**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 12 2024
 BY P 49116

1. Entity ID Number 000858917		2. Exact name of the Corporation OBSTETRICAL ASSOCIATES, INC.				
3. Principal Office Address 1151 ROBESON STREET, SUITE 201			City FALL RIVER	State MA	Zip 02720	
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island MEDICAL SERVICES				
5. State of Incorporation MA						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment	
President Name STEPHEN T. GAGLIARDI			Vice-President Name STEPHEN T. GAGLIARDI			
Street Address 1151 ROBESON ST, SUITE 20			Street Address 1151 ROBESON ST, SUITE 20			
City FALL RIVER	State MA	Zip 02720	City FALL RIVER	State MA	Zip 02720	
Secretary Name STEPHEN T. GAGLIARDI			Treasurer Name STEPHEN T. GAGLIARDI			
Street Address 1151 ROBESON ST, SUITE 20			Street Address 1151 ROBESON ST, SUITE 20			
City FALL RIVER	State MA	Zip 02720	City FALL RIVER	State MA	Zip 02720	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment	
Director Name STEPHEN T. GAGLIARDI			Director Name			
Street Address 1151 ROBESON ST, SUITE 20			Street Address			
City FALL RIVER	State MA	Zip 02720	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
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		75		COMMON	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 3/7/24	
Signature of Authorized Representative STEPHEN T GAGLIARDI						

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov