



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 *W. J. Sett*
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1. Entity ID Number 108959		2. Exact name of the Corporation Medical & Dental Patient Union, Inc.			
3. Principal Office Address 40 Toll Gate Road			City Warwick	State RI	Zip 02886
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island To assist people in obtaining medical and dental services at fair and reasonable prices			
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 Robert J. Settupane, MD			Vice-President Name None		
Street Address 40 Toll Gate Road			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Robert J. Settupane, MD			Treasurer Name Robert J. Settupane, MD		
Street Address 40 Toll Gate Road			Street Address 40 Toll Gate Road		
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 <input type="checkbox"/>					
Director Name Robert J. Settupane, MD			Director Name		
Street Address 40 Toll Gate Road			Street Address		
City Warwick	State RI	Zip 02886	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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES		CLASS/SERIES
			200	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 Robert J. Settupane, MD				Date 3-22-24	
Signature of Authorized Representative <i>Robert J. Settupane</i>					