



**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.

MAR 13 2024

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1. Entity ID Number 1715077		2. Exact name of the Corporation Pulmonary and Sleep Medicine Associates, Inc.			
3. Principal Office Address 370 FAUNCE CORNER ROAD, 2ND FLOOR		City DARTMOUTH		State MA	Zip 02747
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island THE PRACTICE OF MEDICINE			
5. State of Incorporation MASSACHUSETTS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CURTIS J. MELLO, M.D.			Vice-President Name		
Street Address 370 FAUNCE CORNER RD, 2ND FLOOR			Street Address		
City DARTMOUTH	State MA	Zip 02747	City	State	Zip
Secretary Name CURTIS J. MELLO, M.D.			Treasurer Name CURTIS J. MELLO, M.D.		
Street Address 370 FAUNCE CORNER RD, 2ND FLOOR			Street Address 370 FAUNCE CORNER RD, 2ND FL		
City DARTMOUTH	State MA	Zip 02747	City DARTMOUTH	State MA	Zip 02747
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CURTIS J. MELLO, M.D.			Director Name		
Street Address 370 FAUNCE CORNER RD, 2ND FLOOR			Street Address		
City DARTMOUTH	State MA	Zip 02747	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	PAR VALUE	
		100	COMMON	\$0.00	
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 CURTIS J. MELLO, M.D.					Date 2/29/24
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