



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 000110127

2. Name of Corporation Northern Rhode Island Internal Medicine Associates, Ltd.

3. Street Address Principal Business Office:

No. and Street: 2138 MENDON ROAD, SUITE 203

City or Town: CUMBERLAND

State: RI Zip: 02864 Country: USA

4. Business Phone No.

5. State of Incorporation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621111

6. Brief Description of the Character of Business Conducted in Rhode Island

PROVIDING QUALITY MEDICAL CARE AND SERVICES IN NORTHERN RHODE ISLAND AND
TO MANAGE A FULL SERVICE INTERNAL MEDICINE PRACTICE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	RAJEEV K GUPTA MD	63 WINDSONG ROAD CUMBERLAND, RI 02864 USA
SECRETARY	RAJEEV K GUPTA MD	63 WINDSONG ROAD CUMBERLAND, RI 02864 USA
PRESIDENT	RAJEEV K GUPTA MD	63 WINDSONG ROAD CUMBERLAND, RI 02864- USA
DIRECTOR	RAJEEV K GUPT MD	63 WINDSONG ROAD CUMBERLAND, RI 02864 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
CWP		\$10.0000	1,000.00	100

9. 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.

Signed this 15 Day of March, 2024 at 4:14:45 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By MARK A CHARLESON
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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