



State of Rhode Island  
Department of State - Business Services Division

FILED

Annual Report for the year: 2024  
Corporation

MAR 15 2024

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

BY LYUB

1. Entity ID Number <u>82867</u>	2. Exact name of the Corporation <u>MEDL-MANAGEMENT, INC.</u>
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3. Principal Office Address <u>521 ROOSEVELT AVE.</u>	City <u>CENTRAL FALLS.</u>	State <u>RI</u>	Zip <u>02863</u>
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4. NAICS Code <u>62111</u>	6. Brief description of the character of business conducted in Rhode Island <u>CURRENTLY MANAGING A SMALL AMOUNT OF ACCOUNT RECEIVABLES OF A CLOSED MEDICAL PRACTICE AND PROVIDING ANCILLARY SERVICES, SUCH AS INTERPRETING, &amp; ANY OTHER</u>
5. State of Incorporation <u>RI</u>	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>			
President Name <u>TIN LAI WONG</u>		Vice-President Name	
Street Address <u>303 PROVIDENCE PLACE #453</u>		Street Address	
City <u>PROV.</u>	State <u>RI</u>	Zip <u>02903</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>			
Director Name <u>TIN LAI WONG</u>		Director Name	
Street Address <u>303 PROVIDENCE PLACE #453</u>		Street Address	
City <u>PROV</u>	State <u>RI</u>	Zip <u>02903</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	

9. Shares Authorized <small>This information is currently of record in the Department of State.</small>	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>		
Changes require an additional filing.	NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>COMMON</u>	PAR VALUE <u>\$1.00</u>

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 <u>TIN LAI WONG</u>	Date <u>3/12/24</u>
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Signature of Authorized Representative 
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