



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
Corporation _____

APR 08 2024
30906 *e*

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

1. Entity ID Number 000068434		2. Exact name of the Corporation Salvatore J. Loporchio, M.D., Ltd.			
3. Principal Office Address 35 Sockanosset Crossroads, Suite 302		City Cranston		State RI	Zip 02920
4. NAICS Code 62111		6. Brief description of the character of business conducted in Rhode Island General Practice of Medicine and Surgery.			
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 Salvatore J. Loporchio M.D.		Vice-President Name			
Street Address 35 Sockanosset Crossroads		Street Address			
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Salvatore J. Loporchio M.D.		Treasurer Name Salvatore J. Loporchio M.D.			
Street Address 35 Sockanosset Crossroads		Street Address 35 Sockanosset Crossroads			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	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	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.					
<i>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.</i>					
Name of Authorized Representative Salvatore J. Loporchio M.D.				Date 3.18.2024	
Signature of Authorized Representative <i>Salvatore J. Loporchio</i>					

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