



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

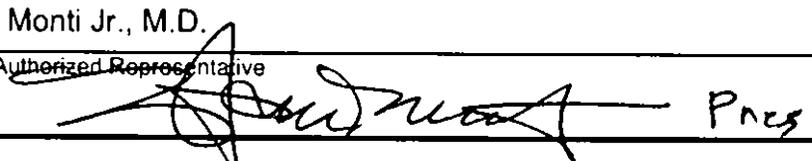
Annual Report for the year: **2024**

Corporation

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

APR 08 2024

17193 *a*

1. Entity ID Number 000102819		2. Exact name of the Corporation P.R.M.A. INC.			
3. Principal Office Address 2178 Mendon Road, Suite 100			City Cumberland	State RI	Zip 02864
4. NAICS Code 021111		6. Brief description of the character of business conducted in Rhode Island To provide pediatric and adolescent medicine.			
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 E. James Monti Jr., M.D.			Vice-President Name Carol O. Shea M.D.		
Street Address 2178 Mendon Road, Suite 100			Street Address 2178 Mendon Road, Suite 100		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Maria Z. Starakiewicz			Treasurer Name E. James Monti Jr., M.D.		
Street Address 2178 Mendon Road, Suite 100			Street Address 2178 Mendon Road, Suite 100		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name E. James Monti Jr., M.D.			Director Name Carol O'Shea M.D.		
Street Address 2178 Mendon Road, Suite 100			Street Address 2178 Mendon Road, Suite 100		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Maria Z. Strarakiewicz			Director Name		
Street Address 2178 Mendon Road, Suite 100			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIALS Common	PAR VALUE without 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 E. James Monti Jr., M.D.				Date 4.26.2024	
Signature of Authorized Representative  Pres					

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