	State of Rhode		Fee: \$50.00			
	Office of the Secreta	•				
	148 W. River S					
1636	Providence RI 029 (401) 222-30					
Foreign Business Corners		40				
Foreign Business Corpora Annual Report						
Filing Period: February 1 - May	1					
In accordance with R.I.G.L. 7-1 file its annual report within thir (R.I.G.L. 7-1.2-1501(c&d)) is su	ty (30) days after the time pr	escribed by law	)			
ANNUAL REPORT YEAR - EN	TER THE CURRENT YEAR <b>2</b>	<b>024</b> : <u>2024</u>				
<b>1. Corporate ID No.</b> <u>0016</u>	78438					
2. Name of Corporation Rom	an Pennsylvania Medical, P	<u>P.C.</u>				
3. Street Address Principal E	Business Office:					
No. and Street: <u>116 W. 231</u>	RD ST., 4TH FLOOR					
City or Town: <u>NEW YOR</u>	<u>K</u>	State: <u>NY</u> Zip: <u>100</u>	011 Country: <u>USA</u>			
4. Business Phone No.						
<u>8778881245</u>						
5. State of Incorporation						
State: <u>PA</u>						
	NAICS CODE					
Enter the six digit NAICS Code Download the list of codes <u>her</u>	•	•				
<u>621111</u>						
6. Brief Description of the Ch	aracter of Business Condu	cted in Rhode Island	i			
MEDICAL SERVICES						
7. Names and Addresses of t	he Officers and Directors:					
All officers and directors must be listed.						
Title	Individual Name First, Middle, Last, Suffix		dress , State, Zip Code, Country			

PRESIDENT	M.D., MELYNDA BARNES OUSSAYEF	116 W. 23RD ST., 4TH FLOOR NEW YORK, NY 10011 USA	
TREASURER	M.D., MELYNDA BARNES OUSSAYEF	116 W. 23RD ST., 4TH FLOOR NEW YORK, NY 10011 USA	
SECRETARY	M.D., MELYNDA BARNES OUSSAYEF	116 W. 23RD ST., 4TH FLOOR NEW YORK, NY 10011 USA	
DIRECTOR	M.D., MELYNDA BARNES OUSSAYEF	116 W. 23RD ST., 4TH FLOOR NEW YORK, NY 10011 USA	

## 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per		Total Issued and
		Share	Total Authorized	Outstanding
			Shares	Num of
			Number of Shares	Shares
STK		\$0.0000	100.00	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 10 Day of April, 2024 at 3:35:46 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 COTY BACON

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved