



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.

STAMP

REC'D RI SOS
24 APR 10 11:31:54
FOR SECRETARY OF STATE
USE ONLY

1. Entity ID Number 799617		2. Exact name of the Corporation OCEAN STATE DERMATOLOGY, INC.	
3. Principal Office Address 268 Nayatt Road		City Barrington	State RI
		Zip 02806	
4. NAICS Code 622110	6. Brief description of the character of business conducted in Rhode Island Dermatology		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Dana P. Hall, MD		Vice-President Name	
Street Address 268 Nayatt Road		Street Address	
City Barrington	State RI	Zip 02806	
Secretary Name Dana P. Hall, MD		Treasurer Name Dana P. Hall, MD	
Street Address 268 Nayatt Road		Street Address 268 Nayatt Road	
City Barrington	State RI	Zip 02806	
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	
Director Name		Director Name	
Street Address		Street Address	
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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		100	
		STK	
		0.01	
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 Dana P. Hall, MD		Date 3-7-2024	
Signature of Authorized Representative <i>Dana P. Hall MD</i>		FILED	

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

APR 10 2024
BY *YML* 33264