



State of Rhode Island  
Department of State - Business Services Division

FILED

MAY 01 2024

BY *[Signature]*

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.

1. Entity ID Number <b>000159695</b>		2. Exact name of the Corporation <b>Heritage Medical Associates, P.C.</b>			
3. Principal Office Address <b>131 BEECHWOOD AVENUE</b>			City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
4. NAICS Code <b>621111</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO PROVIDE HEALTH CARE SERVICES</b>			
5. State of Incorporation <b>RI</b>					
Check the box to indicate an attachment <input type="checkbox"/>					
7. List ALL officers (names and addresses)					
President Name <b>JOHN P. MISKOVSKY, M.D.</b>			Vice-President Name <b>JOHN P. MISKOVSKY, M.D.</b>		
Street Address <b>131 BEECHWOOD AVENUE</b>			Street Address <b>131 BEECHWOOD AVENUE</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
Secretary Name			Treasurer Name <b>JOHN P. MISKOVSKY, M.D.</b>		
Street Address <b>131 BEECHWOOD AVENUE</b>			Street Address <b>131 BEECHWOOD AVENUE</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
Check the box to indicate an attachment <input type="checkbox"/>					
8. List ALL directors (names and addresses)					
Director Name <b>JOHN P. MISKOVSKY, M.D.</b>			Director Name _		
Street Address <b>131 BEECHWOOD AVENUE</b>			Street Address		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip
Director Name _			Director Name _		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>	<b>STK</b>	<b>\$0.0100</b>	
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 <b>ROBERT S. BRUZZI, ESQ., RESIDENT AGENT</b>					Date <b>4-28-24</b>
Signature of Authorized Representative <i>[Signature]</i> (Registered agent)					

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