



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

Annual Report for the year: **2024**

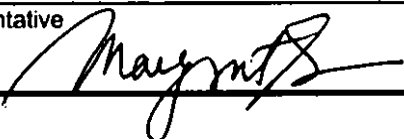
Corporation

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

MAY 01 2024

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Handwritten initials

1. Entity ID Number 000750264		2. Exact name of the Corporation Family Doctors Group, PC			
3. Principal Office Address 1990 Pawtucket Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 62111		6. Brief description of the character of business conducted in Rhode Island medical practice			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Margaret A. Sun			Vice-President Name		
Street Address 100 Fairview Avenue			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Secretary Name Margaret A. Sun			Treasurer Name Margaret A. Sun		
Street Address 100 Fairview Avenue			Street Address 100 Fairview Avenue		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Margaret A. Sun			Director Name		
Street Address 100 Fairview Avenue			Street Address		
City Rehoboth	State MA	Zip 02769	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
		1,000		STK	0.0100
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 Margaret A. Sun					Date 04/23/2024
Signature of Authorized Representative 					

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