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24 MAY 16 AM 11:45:54State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021

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 160441		2. Exact name of the Corporation Partners in Obstetrics and Gynecology, Inc.			
3. Principal Office Address 333 School Street, Suite 200			City Pawtucket	State RI	Zip 02860
4. NAICS Code 626213		6. Brief description of the character of business conducted in Rhode Island Obstetrics and gynecology			
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 Tolga Kokturk			Vice-President Name		
Street Address 333 School Street, Suite 200			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Lisa Domagalski			Treasurer Name Stacey Lievense		
Street Address 333 School Street, Suite 200			Street Address 333 School Street, Suite 200		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Tolga Kokturk			Director Name Lisa Domagalski		
Street Address 333 School Street, Suite 200			Street Address 333 School Street, Suite 200		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Stacey Lievense			Director Name		
Street Address 333 School Street, Suite 200			Street Address		
City Pawtucket	State RI	Zip 02860	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
		300	CWP	\$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 Tolga Kokturk					Date 5/14/24
Signature of Authorized Representative					

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

MAY 16 2024
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 FORM 630- Revised: 12/2023