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**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.

1. Entity ID Number <b>000155604</b>		2. Exact name of the Corporation <b>Professional Internal Medicine Associates Inc.</b>			
3. Principal Office Address <b>139 BENEFIT STREET (property sold)</b>			City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>
4. NAICS Code <b>621111</b>		6. Brief description of the character of business conducted in Rhode Island <b>INTERNAL MEDICINE</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>LEVIS GUZMAN</b>			Vice-President Name		
Street Address <b>107 Wheeler St</b>			Street Address		
City <b>REHOBOTH</b>	State <b>MA</b>	Zip <b>02769</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		<b>8000</b>	<b>CWP</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.					
<b>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.</b>					
Name of Authorized Representative <b>LEVIS GUZMAN</b>				Date <b>16/10/2024</b>	
Signature of Authorized Representative <u>Levis Guzman</u> <small>Levis Guzman Jun 10, 2024 11:24 EST</small>				<b>FILED</b>	

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

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FORM 630- Revised: 12/2023