



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>102203</b>		2. Exact name of the Corporation <b>Paul A. Akerman, M.D., Inc.</b>			
3. Principal Office Address <b>33 Staniford Street</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02905</b>
4. NAICS Code <b>621111</b>		6. Brief description of the character of business conducted in Rhode Island <b>To engage in the practice of 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 checked="" type="checkbox"/></span>					
President Name <b>Paul A. Akerman, M.D.</b>		Vice-President Name <b>None</b>			
Street Address <b>33 Staniford Street</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City	State	Zip
Secretary Name <b>None</b>		Treasurer Name <b>None</b>			
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 <b>Paul A. Akerman, M.D.</b>		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 checked="" 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>100</b>	<b>Common</b>	<b>\$0.01</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>Paul A. Akerman, M.D.</b>				Date <b>3/31/2024</b>	
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

Filed 5/13/24  
check # 2681