



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 102203		2. Exact name of the Corporation Paul A. Akerman, M.D., Inc.			
3. Principal Office Address 33 Staniford Street		City Providence		State RI	Zip 02905
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island To engage in the practice of medicine.			
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 Paul A. Akerman, M.D.		Vice-President Name None			
Street Address 33 Staniford Street		Street Address			
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name None		Treasurer Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul A. Akerman, M.D.		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 Check the box to indicate an attachment <input checked="" 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
		100	Common	\$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 Paul A. Akerman, M.D.				Date 3/31/2024	
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

Filed 5/13/24
check # 2681