



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2025
Corporation

FEB 05 2025

BY 10593

PA

- 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 76058		2. Exact name of the Corporation David T. Barrall, M.D., Inc.			
3. Principal Office Address 151 Waterman Street			City Providence	State RI	Zip 02906
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 type="checkbox"/>					
President Name David T. Barrall, M.D.			Vice-President Name		
Street Address 151 Waterman Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name David T. Barrall, M.D.			Treasurer Name David T. Barrall, M.D.		
Street Address 151 Waterman Street			Street Address 151 Waterman Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David T. Barrall, M.D.			Director Name		
Street Address 151 Waterman Street			Street Address		
City Providence	State RI	Zip 02906	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		
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 David T. Barrall, M.D.					Date 1/29/2025
Signature of Authorized Representative					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov