



State of Rhode Island

Department of State - Business Services Division

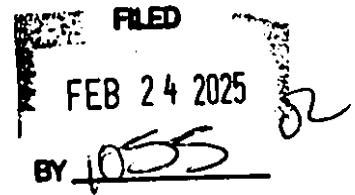
Annual Report for the year: 2025

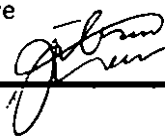
Corporation

→ 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 141469		2. Exact name of the Corporation Ocean Medical Practice, Inc.			
3. Principal Office Address 20 Cumberland Road			City Woonsocket	State RI	Zip 02895
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 ☐					
President Name Jibran Khan, M.D.			Vice-President Name		
Street Address 20 Cumberland Road			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Secretary Name Jibran Khan, M.D.			Treasurer Name Jibran Khan, M.D.		
Street Address 20 Cumberland Road			Street Address 20 Cumberland Road		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Jibran Khan, M.D.			Director Name		
Street Address 20 Cumberland Road			Street Address		
City Woonsocket	State RI	Zip 02895	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			1,000	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 Jibran Khan, M.D.					Date 02/27/25
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

FORM 630- Revised: 12/2023