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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 24 2025
BY 1055

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	2. Exact name of the Corporation
141469	Ocean Medical Practice, Inc.

3. Principal Office Address	City	State	Zip
20 Cumberland Road	Woonsocket	RI	02895

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621111	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	Street Address	City	State	Zip
	Jibran Khan, M.D.	20 Cumberland Road	Woonsocket	RI	02895

	Vice-President Name	Street Address	City	State	Zip

	Secretary Name	Street Address	City	State	Zip
	Jibran Khan, M.D.	20 Cumberland Road	Woonsocket	RI	02895

	Treasurer Name	Street Address	City	State	Zip
	Jibran Khan, M.D.	20 Cumberland Road	Woonsocket	RI	02895

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

	Director Name	Street Address	City	State	Zip
	Jibran Khan, M.D.	20 Cumberland Road	Woonsocket	RI	02895

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	PAR VALUE
	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	Date
Jibran Khan, M.D.	021725

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