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BY SECRETARY OF STATE

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	2. Exact name of the Corporation
101623	Smithfield Pediatrics, Inc.

3. Principal Office Address	City	State	Zip
7 Smith Avenue, Suite 103	Greenville	RI	02828

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: Dinusha Dietrich, M.D.			Vice-President Name		
Street Address: 7 Smith Avenue, Suite 103			Street Address		
City: Greenville	State: RI	Zip: 02828	City	State	Zip
Secretary Name: Dinusha Dietrich, M D.			Treasurer Name: Dinusha Dietrich, M.D.		
Street Address: 7 Smith Avenue, Suite 103			Street Address: 7 Smith Avenue, Suite 103		
City: Greenville	State: RI	Zip: 02828	City: Greenville	State: RI	Zip: 02828

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

Director Name: Dinusha Dietrich, M.D.			Director Name		
Street Address: 7 Smith Avenue, Suite 103			Street Address		
City: Greenville	State: RI	Zip: 02828	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	No 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	Date
Dinusha Dietrich, M.D.	2/14/25

Signature of Authorized Representative: Dm W D, MD

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