

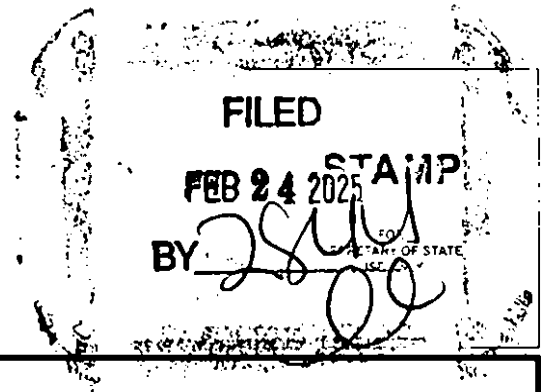


State of Rhode Island
Department of State - Business Services Division

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 101623		2. Exact name of the Corporation Smithfield Pediatrics, Inc.	
3. Principal Office Address 7 Smith Avenue, Suite 103		City Greenville	State RI
		Zip 02828	
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 Dinusha Dietrich, M.D.		Vice-President Name	
Street Address 7 Smith Avenue, Suite 103		Street Address	
City Greenville	State RI	Zip 02828	
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	
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	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9 Shares Authorized			
This information is currently of record in the Department of State.		10 Shares Issued Check the box to indicate an attachment ☐	
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES Common
		PAR VALUE 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 Dinusha Dietrich, M.D.			Date 2/14/25
Signature of Authorized Representative <i>Dinusha Dietrich, M.D.</i>			

MAIL TO:

Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov