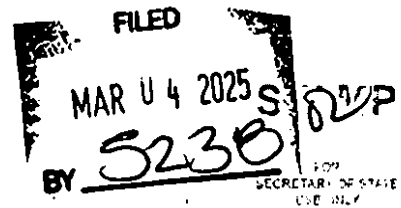




State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Corporation

2025



- 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<br>41209   |             | 2. Exact name of the Corporation<br>P. R. TIPIRNENI, M.D., INC  |  |                   |              |
| 3. Principal Office Address<br>24 SALT POND ROAD   |             |   | City<br>WAKEFIELD                            | State<br>RI       | Zip<br>02879 |
| 4. NAICS Code<br>41209   |             | 6. Brief description of the character of business conducted in Rhode Island<br>MEDICAL PRACTICE                       |  |                   |              |
| 5. State of Incorporation<br>RHODE ISLAND  |             |   |  |                   |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |   |  |                   |              |
| President Name<br>P. R. TIPIRNENI, M.D.  |             |   | Vice-President Name<br>P. R. TIPIRNENI, M.D. |                   |              |
| Street Address<br>24 SALT POND ROAD  |             |   | Street Address<br>24 SALT POND ROAD          |                   |              |
| City<br>WAKEFIELD  | State<br>RI | Zip<br>02879  | City<br>WAKEFIELD                            | State<br>RI       | Zip<br>02879 |
| Secretary Name   |             |   | Treasurer Name                               |                   |              |
| Street Address   |             |   | Street Address                               |                   |              |
| City   | State       | Zip   | City   | State             | Zip          |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |   |  |                   |              |
| Director Name  |             |   | Director Name                                |                   |              |
| Street Address   |             |   | Street Address                               |                   |              |
| City   | State       | Zip   | City   | State             | Zip          |
| Director Name  |             |   | Director Name                                |                   |              |
| Street Address   |             |   | Street Address                               |                   |              |
| City   | State       | Zip   | City   | State             | Zip          |
| 9. Shares Authorized   |             | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |  |                   |              |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |             | NUMBER OF SHARES  |  | CLASS/SERIES      |              |
|  |             | 100   | COMMON                                       | NO                |              |
| 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.<br><b>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.</b> |             |   |  |                   |              |
| Name of Authorized Representative<br>P. R. TIPIRNENI, M.D.   |             |   |  | Date<br>2/27/2025 |              |
| Signature of Authorized Representative<br><i>P. R. Tipirneni</i>   |             |   |  |                   |              |

MAIL TO:  
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