



State of Rhode Island

Department of State - Business Services Division

FILED

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.

MAR 04 2025

BY 1599 R

1. Entity ID Number 1683248		2. Exact name of the Corporation MICHAEL P. JOHNSON, M.D., INC.												
3. Principal Office Address 148 West River Street, Suite 22-B			City Providence	State RI	Zip 02904									
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Medicine Physician												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Michael P. Johnson			Vice-President Name Michael P. Johnson											
Street Address 148 West River Street, Suite 22-B			Street Address 148 West River Street, Suite 22-B											
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904									
Secretary Name Michael P. Johnson			Treasurer Name Michael P. Johnson											
Street Address 148 West River Street, Suite 22-B			Street Address 148 West River Street, Suite 22-B											
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	Common	No Par												
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 Michael P. Johnson				Date ✓ 2/11/25										
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