



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.

FILED

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
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.					
<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 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

FORM 630- Revised 12/2023