



State of Rhode Island

Department of State - Business Services Division

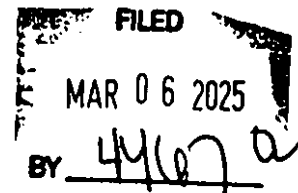
Annual Report for the year: 2025

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 140865		2. Exact name of the Corporation Iwona Paolucci MD, Inc.			
3. Principal Office Address PO Box 7104		City Warwick		State RI	Zip 02887
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Medical Services Practice			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Iwona Paolucci			Vice-President Name Iwona Paolucci		
Street Address PO Box 7104			Street Address PO Box 7104		
City Warwick	State RI	Zip 02887	City Warwick	State RI	Zip 02887
Secretary Name Iwona Paolucci			Treasurer Name Iwona Paolucci		
Street Address PO Box 7104			Street Address PO Box 7104		
City Warwick	State RI	Zip 02887	City Warwick	State RI	Zip 02887
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Iwona Paolucci			Director Name		
Street Address PO Box 7104			Street Address		
City Warwick	State RI	Zip 02887	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. Changes require an additional filing.			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 Iwona Paolucci				Date 3/1/25	
Signature of Authorized Representative 				3/1/25	

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: 11/2021