



**State of Rhode Island**  
**Department of State - Business Services Division**

FILED

MAR 06 2025

BY 334 *RL*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<br><b>71261</b>  |                    | 2. Exact name of the Corporation<br><b>Pilgrim Park Medical Associates, Ltd.</b>   |   |                               |                            |
| 3. Principal Office Address<br><b>1243 POST ROAD</b>   |                    |  | City<br><b>WARWICK</b>  | State<br><b>RI</b>            | Zip<br><b>02888</b>        |
| 4. NAICS Code<br><b>621111</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>RENDERING PROFESSIONAL SERVICES AS PHYSICIANS.</b> |   |                               |                            |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>   |                    |  |   |                               |                            |
| 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><b>JOSEPH A. GRANDE, D.O.</b>  |                    |  | Vice-President Name   |                               |                            |
| Street Address<br><b>1243 POST ROAD</b>  |                    |  | Street Address  |                               |                            |
| City<br><b>WARWICK</b>   | State<br><b>RI</b> | Zip<br><b>02888</b>  | City  | State                         | Zip                        |
| Secretary Name<br><b>JOSEPH A. GRANDE, D.O.</b>  |                    |  | Treasurer Name<br><b>JOSEPH A. GRANDE, D.O.</b>   |                               |                            |
| Street Address<br><b>1243 POST ROAD</b>  |                    |  | Street Address<br><b>1243 POST ROAD</b>   |                               |                            |
| City<br><b>WARWICK</b>   | State<br><b>RI</b> | Zip<br><b>02888</b>  | City<br><b>WARWICK</b>  | State<br><b>RI</b>            | Zip<br><b>02888</b>        |
| 8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |   |                               |                            |
| Director Name<br><b>JOSEPH A. GRANDE, D.O.</b>   |                    |  | Director Name   |                               |                            |
| Street Address<br><b>1243 POST ROAD</b>  |                    |  | Street Address  |                               |                            |
| City<br><b>WARWICK</b>   | State<br><b>RI</b> | Zip<br><b>02888</b>  | City  | State                         | Zip                        |
| Director Name  |                    |  | Director Name   |                               |                            |
| 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.<br><br>Changes require an additional filing.   |                    |  | 10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span> |                               |                            |
|  |                    |  | NUMBER OF SHARES<br><b>100</b>  | CLASS/SERIES<br><b>COMMON</b> | PAR VALUE<br><b>\$0.00</b> |
| 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><b>JOSEPH A. GRANDE, D.O.</b>   |                    |  |   | Date<br><b>3.3.2025</b>       |                            |
| Signature of Authorized Representative<br>   |                    |  |   |                               |                            |