



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Professional Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025:** 2025

**1. Corporate ID No.** 000089818

**2. Name of Corporation** Dr. Michael C. Souza, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 1275 WAMPANOAG TRAIL, 1ST FLOOR

City or Town: EAST PROVIDENCE

State: RI Zip: 02915 Country: USA

**4. Business Phone No.**

4014370120

**5. State of Incorporation**

State: RI

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621111

**6. Brief Description of the Character of Business Conducted in Rhode Island**

TO PROVIDE PRIMARY MEDICAL CARE.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL CHRISTOPHER SOUZA DO	1275 WAMPANOAG TRAIL 1ST FLOOR EAST PROVIDENCE, RI 02915 USA
PRESIDENT	MICHAEL C SOUZA	1275 WAMPANOAG TRAIL E. PROVIDENCE, RI 02915 USA
PRESIDENT	DR MICHAEL SOUZA	1275 WAMPANOAG TRAIL, 1ST FLOOR E. PROVIDENCE, RI 02915 UNI
OTHER OFFICER	DR MICHAEL SOUZA	1275 WAMPANOAG TRAIL, 1ST FLOOR E. PROVIDENCE, RI 02915 UNI

### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0100	8,000.00	1000

**9. 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.**

**Signed this 10 Day of March, 2025 at 5:11:41 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By DR MICHAEL SOUZA

Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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