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 07 2025
CBN BY 12404

1. Entity ID Number	2. Exact name of the Corporation
122314	Women's Internal Medicine, Inc.

3. Principal Office Address	City	State	Zip
1672 South County Trail, Suite 303	East Greenwich	RI	02818

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621111	To provide medical services.
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Mariola Nowak, M.D.	1672 South County Trail, Suite 303	East Greenwich	RI	02818

Vice-President Name	Street Address	City	State	Zip
Kristin Poshkus, M.D.	1672 South County Trail, Suite 303	East Greenwich	RI	02818

Secretary Name	Street Address	City	State	Zip
Dana Chofay, M.D.	1672 South County Trail, Suite 303	East Greenwich	RI	02818

Treasurer Name	Street Address	City	State	Zip
Leah Marano, M.D.	1672 South County Trail, Suite 303	East Greenwich	RI	02818

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Mariola Nowak, M.D.	1672 South County Trail, Suite 303	East Greenwich	RI	02818

Director Name	Street Address	City	State	Zip
Kristin Poshkus, M.D.	1672 South County Trail, Suite 303	East Greenwich	RI	02818

Director Name	Street Address	City	State	Zip
Dana Chofay, M.D.	1672 South County Trail, Suite 303	East Greenwich	RI	02818

Director Name	Street Address	City	State	Zip
Leah Marano, M.D.	1672 South County Trail, Suite 303	East Greenwich	RI	02818

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
	80	Common	$0.01

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	Date
Mariola M Nowak, MD	2/20/25

Signature of Authorized Representative: Mariola Nowak

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