



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 07 2025

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.

CBP

BY 12404

1. Entity ID Number 122314		2. Exact name of the Corporation Women's Internal Medicine, Inc.			
3. Principal Office Address 1672 South County Trail, Suite 303		City East Greenwich	State RI	Zip 02818	
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island 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 Mariola Nowak, M.D.		Vice-President Name Kristin Poshkus, M.D.			
Street Address 1672 South County Trail, Suite 303		Street Address 1672 South County Trail, Suite 303			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Dana Chofay, M.D.		Treasurer Name Leah Marano, M.D.			
Street Address 1672 South County Trail, Suite 303		Street Address 1672 South County Trail, Suite 303			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Mariola Nowak, M.D.		Director Name Kristin Poshkus, M.D.			
Street Address 1672 South County Trail, Suite 303		Street Address 1672 South County Trail, Suite 303			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name Dana Chofay, M.D.		Director Name Leah Marano, M.D.			
Street Address 1672 South County Trail, Suite 303		Street Address 1672 South County Trail, Suite 303			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
9. Shares Authorized 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 ☐			
		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 Mariola Nowak, M.D.					Date 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