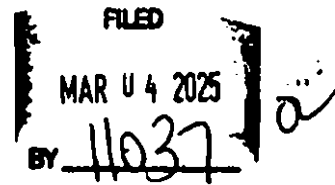




State of Rhode Island  
Department of State - Business Services Division

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 <b>99447</b>		2. Exact name of the Corporation <b>Mentor Medical Management, Inc.</b>												
3. Principal Office Address <b>1130 Ten Rod Road</b>			City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>									
4. NAICS Code <b>518210</b>		6. Brief description of the character of business conducted in Rhode Island <b>Medical Billing Services</b>												
5. State of Incorporation <b>RI</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 <b>Landy P. Paoletta, MD</b>			Vice-President Name <b>Robert Binek, MD</b>											
Street Address <b>1130 Ten Rod Road</b>			Street Address <b>1130 Ten Rod Road</b>											
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>									
Secretary Name <b>Donna Haley</b>			Treasurer Name <b>Donna Haley</b>											
Street Address <b>1130 Ten Rod Road</b>			Street Address <b>1130 Ten Rod Road</b>											
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</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			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued <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.  Changes require an additional filing.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>200</b></td> <td style="text-align: center;"><b>Common</b></td> <td style="text-align: center;"><b>No Par</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>200</b>	<b>Common</b>	<b>No Par</b>			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
<b>200</b>	<b>Common</b>	<b>No Par</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. <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 <b>Landy P. Paoletta, MD</b>			Date <b>2-10-2025</b>											
Signature of Authorized Representative 														

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)