



State of Rhode Island
Department of State - Business Services Division

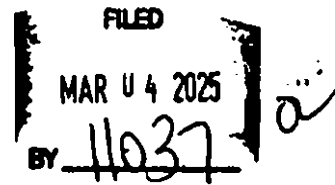
Annual Report for the year: 2025

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 99447		2. Exact name of the Corporation Mentor Medical Management, Inc.			
3. Principal Office Address 1130 Ten Rod Road		City North Kingstown	State RI	Zip 02852	
4. NAICS Code 518210	6. Brief description of the character of business conducted in Rhode Island Medical Billing Services				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Landy P. Paoletta, MD			Vice-President Name Robert Binek, MD		
Street Address 1130 Ten Rod Road			Street Address 1130 Ten Rod Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Donna Haley			Treasurer Name Donna Haley		
Street Address 1130 Ten Rod Road			Street Address 1130 Ten Rod Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/SERIES Common	PUR VALUE No Par
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 Landy P. Paoletta, MD					Date 2-10-2025
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