


**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 18 2025**
**BY** 144

1. Entity ID Number <b>71517</b>		2. Exact name of the Corporation <b>Richard K. Ohnmacht, M.D., Ltd.</b>	
3. Principal Office Address <b>C/O 28479 Altessa Way, Unit 101</b>		City <b>Bonita Springs</b>	State <b>FL</b>
		Zip <b>34135</b>	
4. NAICS Code <b>621111</b>	6. Brief description of the character of business conducted in Rhode Island <b>PHYSICIANS AND SURGEONS SPECIALIZING IN PEDIATRICS AND RELATED FIELDS.</b>		
5. State of Incorporation <b>RHODE ISLAND</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>RICHARD K. OHNMACHT, M.D.</b>		Vice-President Name <b>RICHARD K. OHNMACHT, M.D.</b>	
Street Address <b>28479 ALTESSA WAY, UNIT 101</b>		Street Address <b>28479 ALTESSA WAY, UNIT 101</b>	
City <b>BONITA SPRINGS</b>	State <b>FL</b>	Zip <b>34135</b>	City <b>BONITA SPRINGS</b>
			State <b>FL</b>
			Zip <b>34135</b>
Secretary Name <b>RICHARD K. OHNMACHT, M.D.</b>		Treasurer Name <b>RICHARD K. OHNMACHT, M.D.</b>	
Street Address <b>28479 ALTESSA WAY, UNIT 101</b>		Street Address <b>28479 ALTESSA WAY</b>	
City <b>BONITA SPRINGS</b>	State <b>FL</b>	Zip <b>34135</b>	City <b>BONITA SPRINGS</b>
			State <b>FL</b>
			Zip <b>34135</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 <b>RICHARD K. OHNMACHT, M.D.</b>		Director Name	
Street Address <b>28479 ALTESSA WAY, UNIT 101</b>		Street Address	
City <b>BONITA SPRINGS</b>	State <b>FL</b>	Zip <b>34135</b>	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.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<b>100</b>	<b>COMMON</b>
			<b>\$0.00</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>RICHARD K. OHNMACHT, M.D.</b>		Date <b>3/12/25</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)