



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

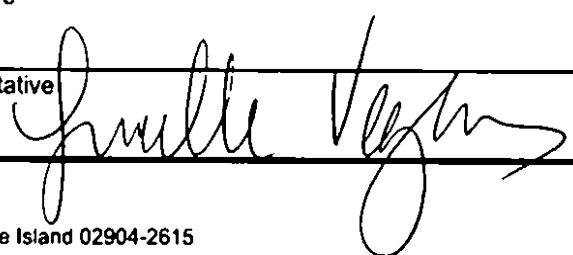
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 18 2025

BY

2400

1. Entity ID Number 129733		2. Exact name of the Corporation Lucille C. Vega, M.D., Inc.				
3. Principal Office Address C/O 1243 POST ROAD		City WARWICK		State RI	Zip 02888	
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island THE PRACTICE OF MEDICINE.				
5. State of Incorporation RHODE ISLAND						
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
President Name LUCILLE C. VEGA, M.D.			Vice-President Name			
Street Address C/O 1243 POST ROAD			Street Address			
City WARWICK	State RI	Zip 02888	City	State	Zip	
Secretary Name LUCILLE C. VEGA, M.D.			Treasurer Name LUCILLE C. VEGA, M.D.			
Street Address C/O 1243 POST ROAD			Street Address C/O 1243 POST ROAD			
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
Director Name LUCILLE C. VEGA, M.D.			Director Name			
Street Address C/O 1243 POST ROAD			Street Address			
City WARWICK	State RI	Zip 02888	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		CLASS/SERIES		PAR VALUE
		100	COMMON	\$0.00		
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 LUCILLE C. VEGA, M.D.				Date 3/13/2025		
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

FORM 630- Revised: 12/2023