



State of Rhode Island
Department of State - Business Services Division

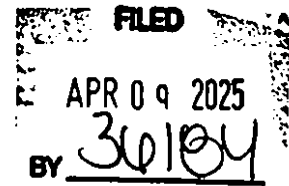
Annual Report for the year: 2025

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 799617		2. Exact name of the Corporation OCEAN STATE DERMATOLOGY, INC.			
3. Principal Office Address 268 Nayatt Road			City Barrington	State RI	Zip 02806
4. NAICS Code 622110		6. Brief description of the character of business conducted in Rhode Island Dermatology			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Dana P. Hall, MD			Vice-President Name		
Street Address 268 Nayatt Road			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Dana P. Hall, MD			Treasurer Name Dana P. Hall, MD		
Street Address 268 Nayatt Road			Street Address 268 Nayatt Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 ☐					
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 100	CLASS/SERIALS Common	PAR VALUE no par value
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 Dana P. Hall, MD					Date 3/24/25
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