



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

APR 11 2025



BY 1844
FOR SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000312931		2. Exact name of the Corporation Gabrielle Hughes, MS, PCNS, Inc.												
3. Principal Office Address 620 Main Street, Unit 5			City East Greenwich	State RI	Zip 02818									
4. NAICS Code 621330		6. Brief description of the character of business conducted in Rhode Island Medical services												
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 Gabrielle Hughes			Vice-President Name None											
Street Address 620 Main Street, Unit 5			Street Address											
City East Greenwich	State RI	Zip 02818	City	State	Zip									
Secretary Name Gabrielle Hughes			Treasurer Name Gabrielle Hughes											
Street Address 620 Main Street, Unit 5			Street Address 620 Main Street, Unit 5											
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818									
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			10. Shares Issued 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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td></td> <td>\$.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100		\$.01			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100		\$.01												
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 Gabrielle Hughes					Date 4/8/2025									
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