State of Rhode Island
Department of State - Business Services Division

FILED
APR 11 2025
STAMP
FOR SECRETARY OF STATE USE ONLY
BY 1844

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	2. Exact name of the Corporation		
000312931	Gabrielle Hughes, MS, PCNS, Inc.		
3. Principal Office Address	City	State	Zip
620 Main Street, Unit 5	East Greenwich	RI	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 ☐

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 ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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		Date
Gabrielle Hughes	Gabrielle Hughes	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

FORM 630- Revised 12/2023