




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.

REC'D RIDGSD
APR 15 PM 4:26:28

1. Entity ID Number 000084266		2. Exact name of the Corporation Richard J. Zienowicz, M.D., Inc.				
3. Principal Office Address 113 Wickenden Street			City Providence	State RI	Zip 02903	
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island own and operate a medical doctor's office				
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 Richard J. Zienowicz, M.D.			Vice-President Name			
Street Address 113 Wickenden Street			Street Address			
City Providence	State RI	Zip 02903	City	State	Zip	
Secretary Name Richard J. Zienowicz, M.D.			Treasurer Name Richard J. Zienowicz, M.D.			
Street Address 113 Wickenden Street			Street Address 113 Wickenden Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903	
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		100		Common	No Par	
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 Richard J. Zienowicz, M.D.					Date 3/31/25	
Signature of Authorized Representative 					FILED 4:28	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

APR 15 2025
BY 6H540
FORM 630- Revised: 12/2023