



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 24 2025

BY 2163

1. Entity ID Number 001692546		2. Exact name of the Corporation MICHAEL J. MARTINO, PA-C, INC.			
3. Principal Office Address 1441 Park Avenue		City Cranston		State RI	Zip 02920
4. NAICS Code 541490		6. Brief description of the character of business conducted in Rhode Island Computer buisness.			
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 Michael J. Martino			Vice-President Name Michael J. Martino		
Street Address 33 Spring Meadow Court			Street Address 33 Spring Meadow Court		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Michael J. Martino			Treasurer Name Michael J. Martino		
Street Address 33 Spring Meadow Court			Street Address 33 Spring Meadow Court		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael J. Martino			Director Name NONE		
Street Address 33 Spring Meadow Court			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Director Name NONE			Director Name NONE		
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.		NUMBER OF SHARES		CLASS-SERIES	
		100	Common	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 <u>Michael J. Martino</u>				Date <u>3/16/2025</u>	
Signature of Authorized Representative <u>Michael J. Martino</u>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630- Revised 12/2023