



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 25 2025

BY

153616

1. Entity ID Number 000126207		2. Exact name of the Corporation Santiago Medical Group, Inc.	
3. Principal Office Address 967 Mineral Spring Avenue		City North Providence	State RI
		Zip 02904	
4. NAICS Code 621111	6. Brief description of the character of business conducted in Rhode Island The practice of medicine and other lawful business.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Miguel Fuentes MD		Vice-President Name Teresa Jeraldo MD	
Street Address 62 Campbell Avenue		Street Address 62 Campbell Avenue	
City North Providence	State RI	City North Providence	State RI
Zip 02904		Zip 02904	
Secretary Name Miguel Fuentes MD		Treasurer Name Teresa Jeraldo MD	
Street Address 62 Campbell Avenue		Street Address 62 Campbell Avenue	
City North Providence	State RI	City North Providence	State RI
Zip 02904		Zip 02904	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Miguel Fuentes MD		Director Name	
Street Address 62 Campbell Avenue		Street Address	
City North Providence	State RI	City	State
Zip 02904		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 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 <input type="checkbox"/>	
		NUMBER OF SHARES 200	CLASS/SERIES Common
		PAR VALUE \$.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. <i>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.</i>			
Name of Authorized Representative Miguel Fuentes MD		Date 4/3/25.	
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