



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

MAY 19 2025

STAMP

BY *[Signature]*  
DEPT. OF STATE  
BUS SVCS DIV.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         |                                                                                                                       |                     |                   |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------|-------------------|--------------------|
| 1. Entity ID Number<br>000107178                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                         | 2. Exact name of the Corporation<br>Richard J. Ruggieri, M.D., Inc.                                                   |                     |                   |                    |
| 3. Principal Office Address<br>160 Wayland Avenue                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         | City<br>Providence                                                                                                    |                     | State<br>RI       | Zip<br>02906       |
| 4. NAICS Code<br>621511                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6. Brief description of the character of business conducted in Rhode Island<br>To render professional medical services. |                                                                                                                       |                     |                   |                    |
| 5. State of Incorporation<br>RI                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         |                                                                                                                       |                     |                   |                    |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |                                                                                                                         |                                                                                                                       |                     |                   |                    |
| President Name<br>Richard J Ruggieri                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         |                                                                                                                       | Vice-President Name |                   |                    |
| Street Address<br>160 Wayland Avenue                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         |                                                                                                                       | Street Address      |                   |                    |
| City<br>Providence                                                                                                                                                                                                                                                                                                                                                                                                                                               | State<br>RI                                                                                                             | Zip<br>02906                                                                                                          | City                | State             | Zip                |
| Secretary Name                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         |                                                                                                                       | Treasurer Name      |                   |                    |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         |                                                                                                                       | Street Address      |                   |                    |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                                                                   | Zip                                                                                                                   | City                | State             | Zip                |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                  |                                                                                                                         |                                                                                                                       |                     |                   |                    |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         |                                                                                                                       |                     |                   |                    |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                         | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                     |                   |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         | NUMBER OF SHARES<br>100                                                                                               | CLASS/SERIES<br>CWP | PAR VALUE<br>1000 |                    |
| 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.<br><b>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.</b> |                                                                                                                         |                                                                                                                       |                     |                   |                    |
| Name of Authorized Representative<br>Richard J Ruggieri, MD                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                                                                                                                       |                     |                   | Date<br>05/16/2025 |
| Signature of Authorized Representative<br><i>Richard J Ruggieri</i>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                       |                     |                   |                    |

MAIL TO:

Division of Business Services  
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