State of Rhode Island
Department of State - Business Services Division

FILED
JUL 14 2025
BY
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BUS SVCS DIV
2025 JUL 14 P 1:43

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			
116494	David S. Pomerantz, MD, Inc.			
3. Principal Office Address		City	State	Zip
333 School Street, Suite 112A		Pawtucket	RI	02860
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
54199	Dermatology			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: David S. Pomerantz, MD			Vice-President Name: David S. Pomerantz, MD		
Street Address: 333 School Street, Suite 112A			Street Address: 333 School Street, Suite 112A		
City: Pawtucket	State: RI	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860
Secretary Name: David S. Pomerantz, MD			Treasurer Name: David S. Pomerantz, MD		
Street Address: 333 School Street, Suite 112A			Street Address: 333 School Street, Suite 112A		
City: Pawtucket	State: RI	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: David S. Pomerantz, MD			Director Name		
Street Address: 333 School Street, Suite 112A			Street Address		
City: Pawtucket	State: RI	Zip: 02860	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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 ☐

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	Date
David S. Pomerantz, MD, President	
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