



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2018
 Corporation

2018 JUL 23 PM 1:13

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 94429		2. Exact name of the Corporation Michael E. Migliori, MD, Ltd.					
3. Principal Office Address 120 Dudley Street			City Providence	State RI	Zip 02905		
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island To engage in and render professional services as a physician and surgeon.					
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 E. Migliori, M.D., FACS			Vice-President Name Michael E. Migliori, M.D., FACS				
Street Address 120 Dudley Street			Street Address 120 Dudley Street				
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905		
Secretary Name Michael E. Migliori, M.D., FACS			Treasurer Name Michael E. Migliori, M.D., FACS				
Street Address 120 Dudley Street			Street Address 120 Dudley Street				
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name Michael E. Migliori, M.D., FACS			Director Name				
Street Address 120 Dudley Street			Street Address				
City Providence	State RI	Zip 02905	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 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 Michael E. Migliori, M.D., FACS					Date 7/18/18		
Signature of Authorized Representative					SIGN DOCUMENT HERE		

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

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