



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

Annual Report for the year: 2019  
 Corporation

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
**STAMP**

2019 MAR 25 AM 11:20

- 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 <b>000096678</b>		2. Exact name of the Corporation <b>Albert J. Marano, M.D. Incorporated</b>	
3. Principal Office Address <b>1524 Atwood Ave Ste 244</b>		City <b>Johnston</b>	State <b>RI</b>
		Zip <b>02919</b>	
4. NAICS Code <b>621111</b>	6. Brief description of the character of business conducted in Rhode Island <b>To render medical and surgical professional services by persons authorized to practice as Physicians and surgeons.</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Albert J. Marano, M.D.</b>		Vice-President Name <b>None</b>	
Street Address <b>1239 Hartford Ave.</b>		Street Address	
City <b>Johnston</b>	State <b>RI</b>	City	State
Secretary Name <b>Albert J. Marano M.D.</b>		Treasurer Name <b>Albert J. Marano M.D.</b>	
Street Address <b>1239 Hartford Ave.</b>		Street Address <b>1239 Hartford Ave.</b>	
City <b>Johnston</b>	State <b>RI</b>	City <b>Johnston</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02919</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Albert J. Marano, M.D.</b>		Director Name <b>None</b>	
Street Address <b>1239 Hartford Ave.</b>		Street Address	
City <b>Johnston</b>	State <b>RI</b>	City	State
Zip <b>02919</b>		Zip	
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
Changes require an additional filing.		NUMBER OF SHARES <b>8,000</b>	CLASS/SERIES <b>CWP</b>
			PAR VALUE <b>\$1.00</b>
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. <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 <b>Albert J. Marano, M.D.</b>		Date <b>3/15/19</b>	
Signature of Authorized Representative 		SIGN DOCUMENT <b>FILED</b>	

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

MAR 25 2019  
 BY MASQA  
 A.A. 11:22 A.M.