



State of Rhode Island

Department of State - Business Services Division


Annual Report for the year: 2021
Corporation _____

FILED

FEB 04 2021

BY 

- 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 129700		2. Exact name of the Corporation Peris Medical Corporation			
3. Principal Office Address 655 Broad Street, 2nd Floor			City Providence	State RI	Zip 02907
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Rendering professional services as a physician			
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 Emilio Rodriguez-Peris			Vice-President Name Emilio Rodriguez-Peris		
Street Address 655 Broad Street, 2nd Floor			Street Address 655 Broad Street, 2nd Floor		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Emilio Rodriguez-Peris			Treasurer Name Emilio Rodriguez-Peris		
Street Address 655 Broad Street, 2nd Floor			Street Address 655 Broad Street, 2nd Floor		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Emilio Rodriguez-Peris			Director Name		
Street Address 655 Broad Street, 2nd Floor			Street Address		
City Providence	State RI	Zip 02907	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
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 Emilio Rodriguez-Peris				Date 1/23/2021	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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