DOUGHING EINVERUN RISOS AFILING Number: 202212957080 Date: 3/16/2022 10:25:00 AM State of Rhode Island

	Department of	f State -	Business	Services	Division
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RECEIVED R.I. DEPT. OF STATE **BUS SVCS DIV** 

Annual Report for the year: 2021 Corporation

2022 HAR 16 A 10: 24

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fe								
001690930	2. Exact name of the Corporation  Ondus Professionals R.C.							
3. Principal Office Address	Onduo Professionals, P.C.							
55 Chapel Street, Suite	e 003		City Newtor	,	State MA	Zip		
·						02458		
4. NAICS Code 621111	Brief description of the character of business conducted in Rhode Island							
	Delivery of medical services by licensed physicians.							
5. State of Incorporation	1							
Pennsylvania	<u>i</u>							
7. List ALL officers (names and add								
President Name David M. Erai	ni 		Vice-President Name					
Street Address 55 Chapel Str				Street Address				
Newton	State MA	Zip 02458	City		State	Zip		
Secretary Name David M Erar	Treasurer Name David M Erani							
Street Address 55 Chapel Stre	Street Address 55 Chapel Street, Suite 003							
<sup>City</sup> Newton	State MA	<sup>Zip</sup> 02458	City New	vton	State MA	<sup>Zip</sup> 02458		
8. List ALL directors (names and ac	ddresses)			Check t	he box to indicat	te an attachment 🔲		
David M Eran	i		Director Name					
Street Address 55 Chapel St	Street Address							
City Newton	State MA	<sup>Zip</sup> 02458	City		State	Zip		
Director Name Patrick R Cunr		Director Name						
Street Address 55 Chapel Stre	Street Address							
<sup>City</sup> Newton	State MA	<sup>Zip</sup> 02458	City		State	Zip		
9. Shares Authorized		0. Shares Issued Che		eck the box to indicate an attachment				
This information is currently of record Department of State.	rd in the	NUMBER OF S	HARES CLASS/SERIES			PAR VALUE		
·		100		Α	i	\$0.00		
Changes require an additional filing.								
11. This report must be executed o	n behalf of the o	orporation by an au	thorized represent	tative. If the comor	ation is in the he	ands of a receiver or		
trustee, this report must be execute	ed on behalf of t	he corporation by th	e receiver or trust	ee.				
Under penalty of perjury, I decla	re and affirm th	at I have examined	d this report, incli	uding any accom	panying sched	ules and		
statements, and that all stateme. Name of Authorized Representativ		ierein are true and	correct.		Date	•		
,	03/14/2022							
Signature of Authorized Represent	ative Docusion	ned by:		FILED				
	[ INVI	4	1		2000			
MAIL TO:		TIG8998		MAR 10	1027 1	2.35		

**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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