



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2022  
**Corporation**

**MAR 24 2022 STAMP**

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- 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 <b>793636</b>		2. Exact name of the Corporation <b>Pamela J. Connors, M.D., P.C.</b>			
3. Principal Office Address <b>80 Beach Street</b>		City <b>Westerly</b>		State <b>RI</b>	Zip <b>02891</b>
4. NAICS Code <b>621111</b>		6. Brief description of the character of business conducted in Rhode Island <b>To operate a gastroenterology and digestive wellness practice.</b>			
5. State of Incorporation <b>Rhode Island</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>Pamela J. Connors, M.D.</b>		Vice-President Name			
Street Address <b>80 Beach Street</b>		Street Address			
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City	State	Zip
Secretary Name <b>Pamela J. Connors, M.D.</b>		Treasurer Name <b>Pamela J. Connors, M.D.</b>			
Street Address <b>80 Beach Street</b>		Street Address <b>80 Beach Street</b>			
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</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>Pamela J. Connors, M.D.</b>		Director Name			
Street Address <b>80 Beach Street</b>		Street Address			
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>1,000</b>		<b>Common</b>	<b>\$0.01</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>Pamela J. Connors, M.D.</b>				Date <b>3/16/22</b>	
Signature of Authorized Representative <i>Pamela J. Connors M.D.</i>					