Filing Number: 202214043510 Date: 3/29/2022 4:00:00 PM

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State of Rhode Island Department of State Annual Report for the year	
Corporation → Filing period: February 1 - № → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe	_ 1ay 1
1. Entity ID Number 996001	2. Ex To
3. Principal Office Address 1524 Atwood Avenue #33	3
4. NAICS Code 621111 5. State of Incorporation Rhode Island	6. Bri
7. List ALL officers (names and add President Name J. Scott Toder,	resse M.D
Street Address 1524 Atwood Av	
^{City} Johnston	State
Secretary Name Kiley D. Toder,	M.D
Street Address 1524 Atwood Av	
City Johnston	State
List ALL directors (names and ac Director Name	dress

Island t of State - Business Services Division

2022

MAR 29 2022

\$25.00 fee if form is not filed by May 31.

Entity ID Number		2. Exact name of the Corporation						
996001	Toder R	Toder Rheumatology & Osteoporosis Center, P.C.						
Principal Office Address		· · · · · · · · · · · · · · · · · · ·	City		State	Zip		
1524 Atwood Avenue #	333		Johnston		RI	02919		
4. NAICS Code	6. Brief descr	iption of the characte	er of business co	onducted in Rhode Is	land			
621111	Medical s	Medical services.						
5. State of Incorporation	\dashv							
Rhode Island								
7. List ALL officers (names and	addresses)				the box to in	dicate an attachment 🔲		
President Name J. Scott Toder, M.D.			Vice-President Name Kiley D. Toder, M.D.					
Street Address 1524 Atwood Avenue #333			Street Address 1524 Atwood Avenue #333					
City Johnston	State RI	^{Zip} 02919	City Johnsto	n	State RI	^{Zip} 02919		
Secretary Name Kiley D. Toder, M.D.			Treasurer Name J. Scott Toder, M.D.					
Street Address 1524 Atwood Avenue #333		Street Address 1524 Atwood Avenue #333						
City Johnston	State RI	^{Zip} 02919	City Johnsto	on	State RI	^{Zip} 02919		
8. List ALL directors (names an	d addresses)			Check	the box to ir	ndicate an attachment 🔲		
Director Name J. Scott Toder, M.D.			Director Name					
Street Address 1524 Atwood Avenue #333			Street Address					
City Johnston	State RI	^{Zip} 02919	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				
This information is currently of I	record in the	NUMBER OF	SHARES	CLASS/SERIE	S	PAR VALUE		
Department of State.		1,000		Common		\$0.01		
Changes require an additional fi								
11. This report must be execut	ed on behalf of the	e corporation by an a	uthorized repres	sentative. If the corp	oration 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 Represen	tative				Date ? /	22/22		
J. Scott Toder, M.D.					٠/د ا			
Signature of Authorized Repre	sentative	preade	W .					
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov