



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FILED
FEB 14 2023
 BY 15865

- 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 86647		2. Exact name of the Corporation William S. Buonanno, M.D., Inc.			
3. Principal Office Address 35 Sockanosset Cross Road			City Cranston	State RI	Zip 02920
4. NAICS Code 62111		6. Brief description of the character of business conducted in Rhode Island Medical Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William S. Buonanno			Vice-President Name William S. Buonanno		
Street Address 35 Sockanosset Cross Road			Street Address 35 Sockanosset Cross Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name William S. Buonanno			Treasurer Name William S. Buonanno		
Street Address 35 Sockanosset Cross Road			Street Address 35 Sockanosset Cross Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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. <i>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.</i>					
Name of Authorized Representative William S. Buonanno				Date 2/5/2023	
Signature of Authorized Representative <i>William S. Buonanno MD</i>					