



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
 Corporation

MAR 20 2023
 BY

- 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 1022219		2. Exact name of the Corporation Partners in Pediatrics, Inc.	
3. Principal Office Address 95 Pitman Street, Ste. B		City Providence	State RI
		Zip 02906	
4. NAICS Code 621111	6. Brief description of the character of business conducted in Rhode Island To operate a pediatric practice.		
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 Michelle Lefebvre, M.D.		Vice-President Name Colette Vieau, M.D.	
Street Address 95 Pitman Street, Ste. B		Street Address 95 Pitman Street, Ste. B	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Secretary Name Michelle Lefebvre, M.D.		Treasurer Name Colette Vieau, M.D.	
Street Address 95 Pitman Street, Ste. B		Street Address 95 Pitman Street, Ste. B	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Michelle Lefebvre, M.D.		Director Name Colette Vieau, M.D.	
Street Address 95 Pitman Street, Ste. B		Street Address 95 Pitman Street, Ste. B	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		2,000	Common
			\$0.01
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 Michelle Lefebvre, M.D.			Date 3-11-23
Signature of Authorized Representative 			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov