



Department of State - Business Services Division

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MAY 03 2023

BY 6/17  
KES

Annual Report for the year: 2023  
Corporation

- 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 996001		2. Exact name of the Corporation Toder Rheumatology & Osteoporosis Center, P.C.			
3. Principal Office Address 1524 Atwood Avenue #333			City Johnston	State RI	Zip 02919
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Medical services.			
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 Kiley D. Toder, M.D.			Vice-President Name		
Street Address 1524 Atwood Avenue #333			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
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 Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Kiley D. 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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1,000		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. <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 Kiley D. Toder, M.D.				Date 4/25/2023	
Signature of Authorized Representative <i>Kiley Toder, MD</i>					

MAIL TO:  
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