



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STAMP
FEB 07 2024
BY: [Signature]

1. Entity ID Number 000543295		2. Exact name of the Corporation NRI Pediatrics PC			
3. Principal Office Address 175 Nate Whipple Highway, #102			City Cumberland	State RI	Zip 02864
4. NAICS Code 62111		6. Brief description of the character of business conducted in Rhode Island 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 Bornstein Bennett			Vice-President Name Kristin Grimes		
Street Address ⁷⁰ Hickory Drive			Street Address 23 Southbury Road		
City East Greenwich	State RI	Zip 02818	City Cumberland	State RI	Zip 02864
Secretary Name Kristin Grimes			Treasurer Name Michelle Bornstein Bennett		
Street Address 23 Southbury Road			Street Address ⁷⁰ Hickory Drive		
City Cumberland	State RI	Zip 02864	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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
		400		Common	\$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 Bornstein Bennett, President					Date 2/2/24
Signature of Authorized Representative 					