



**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**  
MAR 07 2024  
BY *[Signature]* 2040

1. Entity ID Number <b>1022219</b>		2. Exact name of the Corporation <b>Partners in Pediatrics, Inc.</b>			
3. Principal Office Address <b>95 Pitman Street, Ste. B</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
4. NAICS Code <b>621111</b>		6. Brief description of the character of business conducted in Rhode Island <b>To operate a pediatric practice.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michelle Lefebvre, M.D.</b>			Vice-President Name <b>Colette Vieau, M.D.</b>		
Street Address <b>95 Pitman Street, Ste. B</b>			Street Address <b>95 Pitman Street, Ste. B</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
Secretary Name <b>Michelle Lefebvre, M.D.</b>			Treasurer Name <b>Colette Vieau, M.D.</b>		
Street Address <b>95 Pitman Street, Ste. B</b>			Street Address <b>95 Pitman Street, Ste. B</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Michelle Lefebvre, M.D.</b>			Director Name <b>Colette Vieau, M.D.</b>		
Street Address <b>95 Pitman Street, Ste. B</b>			Street Address <b>95 Pitman Street, Ste. B</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES <b>2,000</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>\$0.01</b>
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 <b>Michelle Lefebvre, M.D.</b>				Date <b>2-29-24</b>	
Signature of Authorized Representative <i>Michelle Lefebvre MD</i>					

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov