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 DIVISION OF BUSINESS SERVICES
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**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.

1. Entity ID Number 506639		2. Exact name of the Corporation CHRISTOPHER W. LEY, M.D., INC.			
3. Principal Office Address 148 West River Street, Suite 22-B			City Providence	State RI	Zip 02904
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Medicine			
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 Christopher W. Ley			Vice-President Name Christopher W. Ley		
Street Address 148 West River Street, Suite 22-B			Street Address 148 West River Street, Suite 22-B		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Christopher W. Ley			Treasurer Name Christopher W. Ley		
Street Address 148 West River Street, Suite 22-B			Street Address 148 West River Street, Suite 22-B		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
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
		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.					
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.					
Name of Authorized Representative Christopher W. Ley					Date 3.7.24
Signature of Authorized Representative <i>Christopher W. Ley</i>					

FILED

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

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