



**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 13 2024  
BY 423  
*[Signature]*

1. Entity ID Number <b>996001</b>		2. Exact name of the Corporation <b>Toder Rheumatology &amp; Osteoporosis Center, P.C.</b>			
3. Principal Office Address <b>1524 Atwood Avenue #333</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4. NAICS Code <b>621111</b>		6. Brief description of the character of business conducted in Rhode Island <b>Medical services.</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>Kiley D. Toder, M.D.</b>			Vice-President Name		
Street Address <b>1524 Atwood Avenue #333</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
Secretary Name <b>Kiley D. Toder, M.D.</b>			Treasurer Name <b>J. Scott Toder, M.D.</b>		
Street Address <b>1524 Atwood Avenue #333</b>			Street Address <b>1524 Atwood Avenue #333</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</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>Kiley D. Toder, M.D.</b>			Director Name		
Street Address <b>1524 Atwood Avenue #333</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <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.		NUMBER OF SHARES		CLASS/SER.ES	PAR VALUE
		<b>1,000</b>	<b>Common</b>	<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>Kiley D. Toder, M.D.</b>					Date <b>3/6/24</b>
Signature of Authorized Representative <i>Kiley Toder 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