



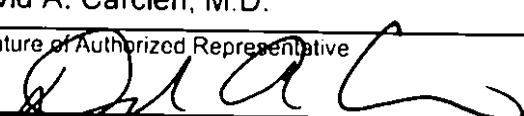
**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2024**

Corporation

APR 17 2024
1830 *OR*

- 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 147151		2. Exact name of the Corporation David A. Carcieri, M.D., Inc.			
3. Principal Office Address 1637 Mineral Spring Avenue, Ste. 211			City North Providence	State RI	Zip 02904
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island To engage in the practice of 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 David A. Carcieri, M.D.			Vice-President Name		
Street Address 1637 Mineral Spring Avenue, Ste. 211			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name David A. Carcieri, M.D.			Treasurer Name David A. Carcieri, M.D.		
Street Address 1637 Mineral Spring Avenue, Ste. 211			Street Address 1637 Mineral Spring Avenue, Ste. 211		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David A. Carcieri, M.D.			Director Name		
Street Address 1637 Mineral Spring Avenue, Ste. 211			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
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		PAR VALUE
			100	Common	\$1.00
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 David A. Carcieri, M.D.				Date 4/11/24	
Signature of Authorized Representative 					

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