State of Rhode Island Fee: \$50.00						
Office of the Secretary of State						
Division Of Business Services						
148 W. River Street						
Providence RI 02904-2615						
(401) 222-3040						
Professional Corporation						
Annual Report Filing Period: February 1 - May 1						
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law						
(R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.						
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024						
1. Corporate ID No. 001337630						
2. Name of Corporation <u>Ritu Goel, MD, ENT, P.C.</u>						
3. Street Address Principal Business Office:						
No. and Street: 118 DUDLEY STREET						
BOTTOM FLOOR						
City or Town: PROVIDENCE State: <u>RI</u> Zip: <u>02905</u> Country: <u>USA</u>						
4. Business Phone No.						
401.072.4155						
401-273-4155						
5. State of Incorporation						
State: <u>RI</u>						
NAICS CODE						
Enter the air digit NAICS Code that best describes the primery business conducted by the solity						
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.						
<u>621111</u>						
6. Brief Description of the Character of Business Conducted in Rhode Island						
TO RENDER PROFESSIONAL SERVICES BY PERSONS AUTHORIZED TO PRACTIVE						
MEDICINE IN						
THE STATE OF RHODE ISLAND						
7. Names and Addresses of the Officers and Directors:						

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	RITU GOEL MD	118 DUDLEY STREET, BOTTOM FLOOR PROVIDENCE, RI 02906 USA

## 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
STK		\$0.0100	8,000.00	1000

9. 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.

**Signed this 22 Day of April, 2024 at 11:45:59 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.* 

## By **DENISE FORGET**

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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