



**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.

MAY 01 2024

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*Handwritten initials*

1. Entity ID Number <b>000750264</b>		2. Exact name of the Corporation <b>Family Doctors Group, PC</b>			
3. Principal Office Address <b>1990 Pawtucket Avenue</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
4. NAICS Code <b>62111</b>		6. Brief description of the character of business conducted in Rhode Island <b>medical practice</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name <b>Margaret A. Sun</b>			Vice-President Name		
Street Address <b>100 Fairview Avenue</b>			Street Address		
City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>	City	State	Zip
Secretary Name <b>Margaret A. Sun</b>			Treasurer Name <b>Margaret A. Sun</b>		
Street Address <b>100 Fairview Avenue</b>			Street Address <b>100 Fairview Avenue</b>		
City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>	City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Margaret A. Sun</b>			Director Name		
Street Address <b>100 Fairview Avenue</b>			Street Address		
City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>1,000</b>		<b>STK</b>	<b>0.0100</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>Margaret A. Sun</b>					Date <b>04/23/2024</b>
Signature of Authorized Representative 					