State of	of Rhode Island and Pro Office of the Secreta		Fee: \$20.00
	Division Of Business 148 W. River St		
HOPE	Providence RI 0290 (401) 222-304		
Foreign Non-Profit			
Annual Report Filing Period: June 1 - June 30			
In accordance with R.I.G.L. 7-6-94 report within the time prescribed b \$25.00.			
ANNUAL REPORT YEAR: 2017	-		
1. Corporate ID No. <u>00167</u>	0115		
2. Name of Corporation Prime	e Healthcare Foundation, Inc.		
3. State of Incorporation			
State: <u>DE</u>			
	ARTICLE III		
Using the dropdown labeled NAIC of activity in which your entity eng based on the chosen selection. If assistance with selecting a class	gages. The box to the right of th the NAICS Code is known, en	e dropdown will populate a NAIC	CS Code
NAICS Code			6
<u>813910</u>			
4. Corporate Address in Rhode	e Island		
No. and Street: <u>3300 EAST G</u>	<u>UASTI ROAD, 3RD FLOOI</u>		
City or Town: <u>ONTARIO</u>		State: RI Zip: <u>91761</u> C	ountry: USA
5. Foreign Corporation. Enter I	Principal Office Address		
No. and Street: <u>115 CASS AN</u>	/ENUE		
City or Town: WOONSOCK	<u>ET</u> State: <u>RI</u> Zip: <u>02895</u>	Country: <u>USA</u>	
6. Brief Description of the Cha	racter of the Affairs Which a	e Actually Conducted in Rho	de Island
EXCLUSIVELY CONDUCT	CHARITABLE SCIENTIFI	C AND EDUCATIONAL AF	FAIRS
7. Names and Addresses of the	e Officers and Directors:		
All officers and directors mu	st be listed.		
Title	Individual Name	Address	

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	MIKE SARIAN	3300 EAST GUASTI ROAD, 3RD FLOOR ONTARIO, CA 91761 USA
SECRETARY	TROY A SCHELL ESQ.	3300 E, GUASTI ROAD ONTARIO, CA 91761 USA
CFO	MICHAEL A HEATHER	3300 E, GUASTI ROAD ONTARIO, CA 91761 USA
DIRECTOR	KAVITHA BHATIA MD	3300 E, GUASTI ROAD ONTARIO, CA 91761 USA
COOLINGT OLODAL INC.	222 JEFFERSON BOULEVARD	
. This report must be signe		President, Secretary, Assistant
b. This report must be signed Secretary, Treasurer, dul Signed this 13 Day of June ignature of the individual acknowledgement of the signatividual's act and deed o	ed by either the President, Vice y Authorized Representative, e, 2018 at 3:23:34 PM by the or individuals signing this ins gnatory, under penalties of pe	e President, Secretary, Assistant Receiver, or Trustee. authorized person. This electronic strument constitutes the affirmation or erjury, that this instrument is that pany, and that the facts stated herein are
b. This report must be signed Secretary, Treasurer, dul Signed this 13 Day of June ignature of the individual acknowledgement of the signatividual's act and deed o	ed by either the President, Vice y Authorized Representative, e, 2018 at 3:23:34 PM by the or individuals signing this ins gnatory, under penalties of per the act and deed of the compliance	e President, Secretary, Assistant Receiver, or Trustee. authorized person. This electronic strument constitutes the affirmation or erjury, that this instrument is that pany, and that the facts stated herein are