



State of Rhode Island

Department of State - Business Services Division

FILED **TAMP**

Annual Report for the year: 2022

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 16 2022
SECRETARY OF STATE
 USE ONLY
 BY [Signature]

1. Entity ID Number 001729815		2. Exact name of the Corporation Harbour Direct Primary Care, Inc.			
3. Principal Office Address 53 Narragansett Avenue			City Jamestown	State RI	Zip 02835
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island To provide direct primary care services, any ancillary purposes, and all other lawful purposes.			
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 Wendy Precious Regan, MD			Vice-President Name None		
Street Address 53 Narragansett Avenue			Street Address 53 Narragansett Avenue		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name Wendy Precious Regan, MD			Treasurer Name Wendy Precious Regan, MD		
Street Address 53 Narragansett Avenue			Street Address 53 Narragansett Avenue		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100 common shares \$0.01 par value		
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 <u>Wendy Regan</u>				Date <u>2.2.2022</u>	
Signature of Authorized Representative <u>[Signature]</u>					

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