

RI SOS Filing Number: 202211140320 Date: 2/16/2022 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

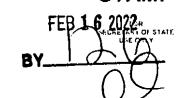
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 001729815		2. Exact name of the Corporation Harbour Direct Primary Care, Inc.					
Principal Office Address Narragansett Avenue			City Jamestown	State RI	Zip 02835		
4. NAICS Code 621111		•	acter of business conducted re services, any ancillary (wful purposes.		
5. State of Incorporation Rhode Island							
7. List ALL officers (names ar	nd addresses)			Check the box to indic	ate an attachment		
President Name Wendy Precious Regan, MD			Vice-President Name None	*****			
Street Address 53 Narragansett Avenue			Street Address 53 Narragansett Avenu	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 Regar	Treasurer Name Wendy Precious Regan, MD			
Street Address 53 Narragansett Avenue			Street Address 53 Narragansett Avenu	Street Address 53 Narragansett Avenue			
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835		
8. List ALL directors (names	and addresses)		<u> </u>	Check the box to indic	ate an attachment		
Director Name			Director Name	Director Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Director Name			Director Name	Director Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized	•	10. Shares I	ssued	cd Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER	NUMBER OF SHARES CLASS/SFRIES PAR VAI.UE				
		100 comm	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 W.CndyRlg W.Signature of Authorized Representative			 _	Date 2 ·	2.2002		
Signature of Authorized Repr	resentative W	yen		_	-		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov