State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
(401) 222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** 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)(2)(i)) is subject to a penalty fee of $25.00*

1. Corporate ID No.	2. Name of Corporation
107197	Primarily Care, Inc.

3. Street Address Principal Business Office	City	State	Zip
75 Sockanosset Cross Road	Cranston	RI	02920

4. Business Phone No.	5. State of Incorporation
(401) 946-4441	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island: TO DESIGN, IMPLEMENT AND MANAGE HEALTH CARE PROGRAMS FOR EMPLOYERS AND CONSUMERS THROUGH ONLINE TECHNOLOGY.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Edward N. Belt, Jr.	None
Street Address	**Street Address**
75 Sockanosset Cross Road	
City / State / Zip	**City / State / Zip**
Cranston / RI / 02920	
Secretary Name	**Treasurer Name**
Peter Tarmey	Peter Tarmey
Street Address	**Street Address**
75 Sockanosset Cross Road	75 Sockanosset Cross Road
City / State / Zip	**City / State / Zip**
Cranston / RI / 02920	Cranston / RI / 02920

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Edward N. Belt, Jr.	Peter Tarmey
Street Address	**Street Address**
75 Sockanosset Cross Road	75 Sockanosset Cross Road
City / State / Zip	**City / State / Zip**
Cranston / RI / 02920	Cranston / RI / 02920
Director Name	**Director Name**
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
2,000	common	no par

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.

Signature — *Date* 1/15/

Peter Tarmey
Print or Type Name

Secretary/Treasurer
Title

FOR SECRETARY OF STATE USE ONLY

File Date FILED

Check No.

JAN 31 2011

By: 136200

BY

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2011 JAN 31 PM 4:10
SECRETARY OF STATE
CORPORATIONS DIV

Form 6.30 Rev. 08/08