RI SOS Filing Number: 201175527600 Date: 02/24/2011 11:24 AM

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

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Professional Corporation Annual Report

Filing Period: January 1 - March 1

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&d)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000151564

2. Name of Corporation Woonsocket Urgent Care, P.C.

3. Street Address Principal Business Office:

No. and Street: 25 JOHN A. CUMMINGS WAY
City or Town: WOONSOCKET State: RI Zip: 02895 Country: USA

4. Business Phone No.

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

MEDICAL

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	YUSEF HAJ-DARWISH	10 CHIVE DRIVE SHARON, MA 02067 USA
TREASURER	PAUL VALLERA	6 LATHAM FARM ROAD SMITHFIELD, RI 02917 USA
SECRETARY	PAUL VALLERA	6 LATHAM FARM ROAD SMITHFIELD, RI 02917 USA
VICE PRESIDENT	PAUL VALLERA	6 LATHAM FARM ROAD SMITHFIELD, RI 02917 USA
DIRECTOR	YUSEF M. HAJ-DARWISH	10 CHIVE DRIVE SHARON, MA 01067 USA
DIRECTOR	PAUL VALLERA	6 LATHAM FARM ROAD SMITHFIELD, RI 02917

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
STK		$0.01	500,000.00	100

9. 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.

Signed this 24 Day of February, 2011 at 11:25:45 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JUSTIN MAVROMATIS
Signature of Authorized Representative of the Corporation

OPERATIONS MANAGER
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07