

02-15-'11 12:34 FROM-Joseph Raheb, Esq.

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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)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 113338		2. Name of Corporation URGENT CARE OF PAWTUCKET INC.			
3. Street Address Principal Business Office C/O Joseph Raheb, Esq., 650 Washington Hwy.			City Lincoln	State RI	Zip 02865
4. Business Phone No. (401) 333-3377		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Providing medical services to the general public and any other lawful purposes					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James P. O'Hair, M.D.			Vice President Name James P. O'Hair, M.D.		
Street Address 40 Sophia Drive			Street Address 40 Sophia Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name James P. O'Hair, M.D.			Treasurer Name James P. O'Hair, M.D.		
Street Address 40 Sophia Drive			Street Address 40 Sophia Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James P. O'Hair, M.D.			Director Name		
Street Address 40 Sophia Drive			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares 400		Class/Series Common		Par Value No Par Value	
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.					

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.

FILED

File Date FEB 24 2011
Check No. CH 2312
By: James P. O'Hair, M.D.
FOR SECRETARY OF STATE USE ONLY

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.

X James P. O'Hair, M.D. 2/15/2011
Signature Date
Print or Type Name
JAMES P. O'HAIR
Title