



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 2012

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. 7-1.2-150P(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. 7-1.2-150I(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 164509		2. Name of Corporation MEER PRIMARY CARE, INC.		
3. Street Address Principal Business Office 400 WARREN AVENUE, SUITE 1			City EAST PROVIDENCE	State RI
4. Business Phone No. 401-954-6627		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island PHYSICIAN				
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name OMAR MEER, MD		Vice President Name NONE		
Street Address 400 WARREN AVENUE, SUITE 1		Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State
Secretary Name OMAR MEER, MD		Treasurer Name OMAR MEER, MD		
Street Address 400 WARREN AVENUE, SUITE 1		Street Address 400 WARREN AVENUE, SUITE 1		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name OMAR MEER, MD		Director Name		
Street Address 400 WARREN AVENUE, SUITE 1		Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
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.		Number of Shares 100	Class/Series COMMON	Par Value \$ 0.01

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 **MAR 01 2012**

Check No. **By [Signature] 0878**

By: _____

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.

[Signature] **02/29/12**
Signature Date
OMAR MEER, MD
Print or Type Name
PRESIDENT
Title