



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

No Fee

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

Professional Corporation  
Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

ANNUAL REPORT YEAR: 2013

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

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**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 <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.0100	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 11 Day of January, 2013 at 12:29:38 PM.** *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 PAUL VALLERA  
Signature of Authorized Representative of the Corporation

CEO  
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

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# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly  
executed in accordance with the provisions of Title 7 of the General Laws  
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

