



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 2013

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

1. Corporate ID No. 82202		2. Name of Corporation LINCOLN URGENT CARE CENTER, INC.			
3. Street Address Principal Business Office 2 Wake Robin Road			City Lincoln	State RI	Zip 02865
4. Business Phone No. (401) 333-9595		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Provide Medical Services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John J. Solomon, Jr.			Vice President Name Frank M. D'Alessandro		
Street Address 594 Great Rd., Suite 103			Street Address 2 Wake Robin Road		
City North Smithfield	State RI	Zip 02896	City Lincoln	State RI	Zip 02865
Secretary Name Frank M. D'Alessandro			Treasurer Name John J. Solomon, Jr.		
Street Address 2 Wake Robin Road			Street Address 594 Great Rd., Suite 103		
City Lincoln	State RI	Zip 02865	City North Smithfield	State RI	Zip 02896
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	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) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 800	Class/Series Common	Par Value No Par Value

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.

File Date _____	BY _____
Check No. _____	
By: _____	
FOR SECRETARY OF STATE USE ONLY	

FILED 1145  
FEB 26 2013  
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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 1/17/13  
John J. Solomon, Jr.  
Print or Type Name  
President  
Title