STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
000155958	NORTH PROVIDENCE URGENT CARE, INC.		
3. Principal office address	City	State	Zip
1830 MINERAL SPRING AVENUE	NORTH PROVIDENCE	RI	02904
4. Business Phone No.	5. State of Incorporation		
401-353-8135	RI		

6. Brief description of the character of business conducted in Rhode Island
PROFESSIONAL MEDICAL SERVICES BY PHYSICIANS DULY LICENSED TO PRACTICE MEDICINE IN THE STATE OF RHODE ISLAND.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
ANTHONY G. FARINA, JR., M.D.					
Street Address			Street Address		
1830 MINERAL SPRING AVENUE					
City	State	Zip	City	State	Zip
NORTH PROVIDENCE	RI	02904			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
BRENDA DELSIGNORE					
Street Address			Street Address		
1830 MINERAL SPRING AVENUE					
City	State	Zip	City	State	Zip
NORTH PROVIDENCE	RI	02904			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED	**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)** ☐		
	NUMBER OF SHARES	CLASS/SERIES	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.	500	CWP	1.00

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 _____ FILED
Check No _____ MAR 18 2014
By: _____ 1144
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 of Authorized Representative 3/4 Date

ANTHONY G. FARINA, JR., M.D.
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012