



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

Fee: \$50.00

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

**Professional Corporation  
Annual Report**

Filing Period: January 1 - March 1

*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.*

**ANNUAL REPORT YEAR:** 2014

**1. Corporate ID No.** 000331358

**2. Name of Corporation** Hope Medical Group, Ltd.

**3. Street Address Principal Business Office:**

No. and Street: 770 NORTH MAIN STREET

City or Town: PROVIDENCE

State: RI

Zip: 02904

Country: USA

**4. Business Phone No.**

401-455-3574

**5. State of Incorporation**

State: RI

**6. Brief Description of the Character of Business Conducted in Rhode Island**

TO PROVIDE HEALTH CARE SERVICES

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT | WADID AZER MD                                  | 770 NORTH MAIN STREET<br>PROVIDENCE, RI 02904 USA          |
| TREASURER | WADID AZER, M.D.                               | 770 NORTH MAIN STREET<br>PROVIDENCE, RI 02904 USA          |
| SECRETARY | WADID AZER, M.D.                               | 770 NORTH MAIN STREET<br>PROVIDENCE, RI 02904 USA          |
| DIRECTOR  | WADID AZER, M.D.                               | 770 NORTH MAIN STREET<br>PROVIDENCE, RI 02904 USA          |

DIRECTOR

ROSY AZER, M.D.

770 NORTH MAIN STREET  
PROVIDENCE, RI 02904 USA**8. Shares Authorized and Issued**

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized<br>Shares<br><i>Number of Shares</i> | Total Issued<br>and<br>Outstanding<br><i>Num of<br/>Shares</i> |
|----------------|-----------------|---------------------|-------------------------------------------------------|----------------------------------------------------------------|
| STK            |                 | \$0.0100            | 100.00                                                | 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 13 Day of August, 2014 at 2:35:25 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 CHARLES W. NORMAND, ESQ., AUTHORIZED REPRESENTATIVE  
Signature of Authorized Representative of the Corporation

**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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