



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 **2016**

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. 135722		2. Exact name of the Corporation Kardous Primary Care, Inc.			
3. Principal office address 1145 Reservoir Avenue, Suite 301			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-946-5001		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Rendering professional service as a physician					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Antioan Kardous			Vice-President Name Antioan Kardous		
Street Address 1145 Reservoir Avenue, Suite 301			Street Address 1145 Reservoir Avenue, Suite 301		
City Cranston	State RI	Zip 02865	City Cranston	State RI	Zip 02920
Secretary Name Antioan Kardous			Treasurer Name Antioan Kardous		
Street Address 1145 Reservoir Avenue, Suite 301			Street Address 1145 Reservoir Avenue, Suite 301		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Antioan Kardous			Director Name		
Street Address 1145 Reservoir Avenue, Suite 301			Street Address		
City Cranston	State RI	Zip 02920	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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 _____
 Check No 5784
 By: _____

FILED
 JAN 11 2016
 BY 264967

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 [Signature] Date 1/22/16

FOR SECRETARY OF STATE USE ONLY

Dr. Antioan Kardous
 Print or Type Name of Authorized Representative