



**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

**Business 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:** 2016

**1. Corporate ID No.** 000017382

**2. Name of Corporation** NORTH PROVIDENCE MEDICAL SERVICES, INC.

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

No. and Street: 1637 MINERAL SPRING AVENUE  
SUITE 115

City or Town: NORTH PROVIDENCE

State: RI Zip: 02904 Country: USA

**4. Business Phone No.**

4013531012

**5. State of Incorporation**

State: RI

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

URGENT CARE

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**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
SECRETARY	STEPHEN J. D'AMATO	9 EAGLE DRIVE NORTH KINGSTOWN, RI 02852 USA
PRESIDENT	ROBERT L GORDON	58 GASPEE POINT DRIVE WARWICK, RI 02888 USA
VICE PRESIDENT	MICHAEL A. ROCCHIO	1524 ATWOOD AVENUE JOHNSTON, RI 02919 USA

**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>
CNP		\$0.0000	2,000.00	480

**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 February, 2016 at 11:39:53 AM.** *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 NICOLE DICENZO

Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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