



**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. <b>114109</b>		2. Exact name of the Corporation <b>South County Primary Care, Inc.</b>			
3. Principal office address <b>360 Kingstown Road</b>			City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
4. Business Phone No. <b>401-789-1086</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island  <b>To engage in the practice of medicine.</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Monica L. Gross, M.D.</b>			Vice-President Name		
Street Address <b>360 Kingstown Road</b>			Street Address		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City	State	Zip
Secretary Name <b>Monica L. Gross, M.D.</b>			Treasurer Name <b>Monica L. Gross, M.D.</b>		
Street Address <b>360 Kingstown Road</b>			Street Address <b>360 Kingstown Road</b>		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Monica L. Gross, M.D.</b>			Director Name		
Street Address <b>360 Kingstown Road</b>			Street Address		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	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
			200	Common	\$0.01

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 \_\_\_\_\_  
 By: \_\_\_\_\_

**FILED**  
**FEB 16 2016**

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.

*Monica Gross* 2/16/16  
 Signature of Authorized Representative Date

**Monica L. Gross, M.D.**  
 Print or Type Name of Authorized Representative

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