


| | | |
|---|--|--|
|  | State of Rhode Island and Providence Plantations Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 | Fee: \$50.00 LOGOUT |
|---|--|--|

Annual Report Corporation

Annual Report

Annual Report



Information about the filing of an annual report for a corporation is available on the website of the Office of the Secretary of State. For more information, please visit the website at www.sos.state.ri.us.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000132537

2. Name of Corporation Premier Medical Group, Professional Corporation

3. Street Address Principal Business Office:

No. and Street: 400 WARREN AVENUE, SUITE 01

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

Country: USA

4. Business Phone No.

4014387778

5. State of Incorporation

State: RI

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

MEDICAL OFFICE BUSINESS

FILED

FEB 26 2016

BY 1464597

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Incorporator is no longer applicable; please delete.

| Delete | Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|--------|-----------|--|--|
| | PRESIDENT | MUHAMMAD S AKHTAR MD | 400 WARREN AVENUE EAST PROVIDENCE, RI 02914 USA |

Select From Below ▼ Title:

First Name: Middle Name: Last Name: Suffix:
Address: City: State: Zip: Country:

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares Number of Shares | Total Issued and Outstanding Num of Shares |
|----------------|-----------------|---------------------|--|---|
| STK | | \$0.0000 | 1,000.00 | 1000.00 |

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.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Muhammad S Akhtar, MD

Business Name: Premier Medical Group

No. and Street: 400 Warren Avenue, Suite 01 - Same Address as - ▼

City or Town: East Providence State: RI Zip: 02914 Country: USA

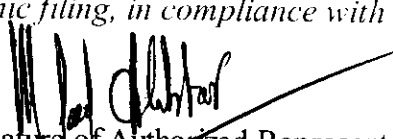
Contact Phone: ext:

Contact Email:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 24 Day of February, 2016 at 12:51:20 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


Signature of Authorized Representative of the Corporation