

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 period must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000542702		2. Name of Corporation EAST GREENWICH URGENT CARE INC			
3. Principal office address 1830 MINERAL SPRING AVENUE		City PROVIDENCE	State RI	Zip 02904	
4. Business Phone No. (401) 351-1900		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island PROFESSIONAL MEDICAL SERVICES BY PHYSICIANS DULY LICENSED TO PRACTICE IN THE STATE OF RI.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name ANTHONY G FARINA JR MD			Vice-President Name		
Street Address 1830 MINERAL SPRING AVENUE			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name BRENDA DELSIGNORE			Director Name		
Street Address 1830 MINERAL SPRING AVENUE			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02904	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) ☐		
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
			10,000	CWP	1.00

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: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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 Person

Date

ANTHONY G FARINA JR MD

Print or Type Name of Authorized Person