



**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

**Foreign 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: 2017

1. Corporate ID No. 000797709

2. Name of Corporation Online Care Network II P.C.

3. Street Address Principal Business Office:

No. and Street: 75 STATE STREET
26TH FLOOR

City or Town: BOSTON State: MA Zip: 02109 Country: USA

4. Business Phone No.

617-204-3544

5. State of Incorporation

State: CA

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

62

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

ONLINE HEALTHCARE SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	PETER ANTALL M.D.	2550 SANDYCREEK DRIVE WESTLAKE VILLAGE, CA 91361 USA

TREASURER	PETER ANTAL MD	2550 SANDYCREEK DR WESTLAKE VILLAGE , CA 91361 USA
SECRETARY	PETER ANTAL M.D.	2550 SANDYCREEK DR WESTLAKE VILLAGE, CA 91361 USA
DIRECTOR	PETER ANTALL M.D.	2550 SANDYCREEK DR WESTLAKE VILLAGE , CA 91361 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>
CWP		\$0.0100	1,000.00	100

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 13 Day of January, 2017 at 11:45:10 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 PETER ANTALL M.D.
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2017 State of Rhode Island and Providence Plantations
All Rights Reserved