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. 000557494

2. Name of Corporation Guardian Healthcare Providers Inc.

3. Street Address Principal Business Office:

No. and Street: 105 WESTPARK DR. SUITE 100
City or Town: BRENTWOOD State: TN Zip: 37027 Country: USA

4. Business Phone No.

6153779140

5. State of Incorporation

State: TN

ARTICLE III

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

NAICS Code 623110

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

HEALTHCARE STAFFING

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOE OWEN	105 WEST PARK DRIVE #100 BRENTWOOD, TN 37027 USA
TREASURER	DONALD IRELAND	105 WESTPARK DR, #100 BRENTWOOD, TN 37027 USA

SECRETARY	KAREN A OWEN	105 WESTPARK DRIVE #100 BRENTWOOD, TN 37027 USA
OTHER OFFICER	GUARDIAN HEALTHCARE PROVIDERS INC.	105 WESTPARK DR # 10 BRENTWOOD, TN 37027

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

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 2 Day of March, 2017 at 2:22:38 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 DON W. IRELAND
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07