



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

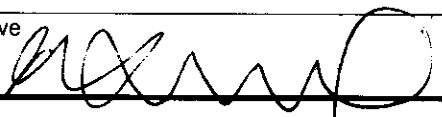
Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 138661		2. Exact name of the Corporation Fairlawn Primary Care, Inc.			
3. Principal Office Address 966 Mineral Spring Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 62 - Health Care and Social Ass		6. Brief description of the character of business conducted in Rhode Island Providing Medical Services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Fadi Mansourati, M.D.			Vice-President Name		
Street Address 966 Mineral Spring Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Fadi Mansourati, M.D.			Treasurer Name Fadi Mansourati, M.D.		
Street Address 966 Mineral Spring Avenue			Street Address 966 Mineral Spring Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES common	PAR VALUE no par
11. 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. 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.					
Name of Authorized Representative Fadi Mansourati, M.D.				Date 3/21/17	
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAR 29 2017

By 

FORM 630 - Revised: 10/2016