RI SOS Filing Number: 201742758820 Date: 5/3/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED
R.I. DEPT OF STATE
BUS SVCS DIV
2017 MAY -3 AM 10:13

STAMP

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	2. Exact name of the Corporation		
000002279	**THE MEDICAL GROUP OF RHODE ISLAND, INC.**		
3. Principal Office Address	City	State	Zip
1050 WARWICK AVENUE	**WARWICK**	**RI**	**02888**
4. NAICS Code **62 - Health Care and Social A**	6. Brief description of the character of business conducted in Rhode Island **RENDERING PROFESSIONAL MEDICAL SERVICES**		
5. State of Incorporation **RHODE ISLAND**			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Dudley E. Bennett**			Vice-President Name **John Lowney**		
Street Address **50 Cardinal Lane**			Street Address **41 King Philip Circle**		
City **East Greenwich**	State **RI**	Zip **02818**	City **Warwick**	State **RI**	Zip **02888**
Secretary Name **John Lowney**			Treasurer Name **Dudley E. Bennett**		
Street Address **41 King Philip Circle**			Street Address **80 Cardinal Lane**		
City **Warwick**	State **RI**	Zip **02818**	City **East Greenwich**	State **RI**	Zip **02818**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Dudley E. Bennett**			Director Name **John Lowney**		
Street Address **50 Cardinal Lan e**			Street Address **41 King Philip Circle**		
City **East Greenwich**	State **RI**	Zip **02818**	City **Warwick**	State **RI**	Zip **02888**
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	**Common**	**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	Date
Dudley E. Bennett, President-	4/14/17

Signature of Authorized Representative: Dudley Bennett

SIGN DOCUMENT HERE

FILED

MAY 03 2017

BY 302848

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

FORM 630 - Revised: 02/2017

ID # 2279

FRANK LAFAIA, ASSISTANT VP - W WARWICK			EDWARD REARDON, ASSISTANT VP - WARWICK		
Street Address 1060 WARWICK AVENUE			Street Address 1060 WARWICK AVENUE		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
RICHARD LEACH, ASSISTANT VP - E GREENWICH					
Street Address 41 KING PHILIP CIRCLE			Street Address		
City WARWICK	State RI	Zip 02888	City	State	Zip
JOSEPH LOWNEY, ASSISTANT SECRETARY			THOMAS RAIMONDO, ASSOCIATE SECRETARY		
Street Address 1060 WARWICK AVENUE			Street Address 1060 WARWICK AVENUE		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888