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	2. Exact name of the Corporation			
111374	Physicians of Rhode Island Medical Enterprises, Inc.			
3. Principal Office Address		City	State	Zip
106 Nate Whipple Highway		Cumberland	RI	02864
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
62 - Health Care and Social Ass	A professional corporation engaged in the practice of medicine.			
5. State of Incorporation	(62110)			
Rhode Island				

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

President Name			Vice-President Name		
Scott Wilson, M.D.			Scott Wilson, M.D.		
Street Address			Street Address		
24 Steeple Lane			24 Steeple Lane		
City / State / Zip			City / State / Zip		
Lincoln	RI	02865	Lincoln	RI	02865
Secretary Name			Treasurer Name		
Scott Wilson, M.D.			Scott Wilson, M.D.		
Street Address			Street Address		
24 Steeple Lane			24 Steeple Lane		
City / State / Zip			City / State / Zip		
Lincoln	RI	02865	Lincoln	RI	02865

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

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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	200	Common	No Par Value
Changes require an additional filing.			

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
Scott Wilson, M.D.	August 30, 2017

Signature of Authorized Representative
S. Wilson MD

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

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BY 108006418 DS

FORM 630 - Revised: 02/2017