



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 26 2018

BY

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1. Entity ID Number 968627		2. Exact name of the Corporation Direct Doctors, Inc.			
3. Principal Office Address 320 Phillips Street, Unit L			City North Kingstown	State RI	Zip 02852
4. NAICS Code 621111	6. Brief description of the character of business conducted in Rhode Island Medicine				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lauren Hedde			Vice-President Name None		
Street Address 320 Phillips Street, Unit L			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Lauren Hedde			Treasurer Name Lauren Hedde		
Street Address 320 Phillips Street, Unit L			Street Address 320 Phillips Street, Unit L		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lauren Hedde			Director Name Mark Turshen		
Street Address 320 Phillips Street, Unit L			Street Address 320 Phillips Street, Unit L		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name None			Director Name None		
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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	Common	No Par Value
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 Lauren Hedde					Date 1/31/18
Signature of Authorized Representative 					SIGN DOCUMENT HERE