



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.

1. Entity ID Number 53018		2. Exact name of the Corporation MIDLAND MEDICAL, INC.			
3. Principal Office Address 1312 OAKLAWN AVENUE		City CRANSTON		State RI	Zip 02920
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island THE PRACTICE OF PHYSICIANS AND SURGEONS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name STEPHEN R BEAUPRE			Vice-President Name		
Street Address 38 JANE HOWLAND PLACE			Street Address		
City SEEKONK	State MA	Zip 02771	City	State	Zip
Secretary Name STEPHEN R BEAUPRE			Treasurer Name STEPHEN R BEAUPRE		
Street Address 38 JANE HOWLAND PLACE			Street Address 38 JANE HOWLAND PLACE		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name STEPHEN R BEAUPRE			Director Name		
Street Address 38 JANE HOWLAND PLACE			Street Address		
City SEEKONK	State MA	Zip 02771	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 ☐					
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 200	CLASS/SERIES COMMON	PAR VALUE 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 STEPHEN R BEAUPRE					Date 2/28/18
Signature of Authorized Representative					
SIGN DOCUMENT HERE FILED					