



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

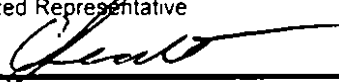
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 22 2018

BY

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1. Entity ID Number 102087		2. Exact name of the Corporation Administrative Services Medical Group, Inc.	
3. Principal Office Address 1150 Reservoir Avenue, Suite 205		City Cranston	State RI
		Zip 02920	
4. NAICS Code 541611	6. Brief description of the character of business conducted in Rhode Island To carry on all business that a physician licensed to practice medicine in the State of Rhode Island might be involved in.		
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 Carine M. Leconte		Vice-President Name James R. Bonner	
Street Address 1150 Reservoir Avenue, Suite 205		Street Address 1150 Reservoir Avenue, Suite 205	
City Cranston	State RI	Zip 02920	City Cranston
Secretary Name James R. Bonner		Treasurer Name Carine M. Leconte	
Street Address 1150 Reservoir Avenue, Suite 205		Street Address 1150 Reservoir Avenue, Suite 205	
City Cranston	State RI	Zip 02920	City Cranston
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Carine M. Leconte		Director Name James R. Bonner	
Street Address same as above		Street Address same as above	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES	
		CLASS/SERIES	
		100	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 Carine M. Leconte, M.D., President		Date 1/11/18	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov