



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


**FILED**

**Annual Report for the year: 2018**  
**Corporation**

MAR 22 2018

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

BY 3194 ea

1. Entity ID Number <b>102087</b>		2. Exact name of the Corporation <b>Administrative Services Medical Group, Inc.</b>			
3. Principal Office Address <b>1150 Reservoir Avenue, Suite 205</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>541611</b>		6. Brief description of the character of business conducted in Rhode Island <b>To carry on all business that a physician licensed to practice medicine in the State of Rhode Island might be involved in.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Carine M. Leconte</b>			Vice-President Name <b>James R. Bonner</b>		
Street Address <b>1150 Reservoir Avenue, Suite 205</b>			Street Address <b>1150 Reservoir Avenue, Suite 205</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name <b>James R. Bonner</b>			Treasurer Name <b>Carine M. Leconte</b>		
Street Address <b>1150 Reservoir Avenue, Suite 205</b>			Street Address <b>1150 Reservoir Avenue, Suite 205</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Carine M. Leconte</b>			Director Name <b>James R. Bonner</b>		
Street Address <b>same as above</b>			Street Address <b>same as above</b>		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		
			<b>100</b>	<b>common</b>	<b>no par value</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Carine M. Leconte, M.D., President</b>					Date <b>1/11/18</b>
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

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