



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIVISIONAnnual Report for the year: **2018**
Corporation

2018 MAR 28 AM 9:47

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

1. Entry ID Number 39592		2. Exact name of the Corporation Garden City Treatment Center, Inc.			
3. Principal Office Address 1150 Reservoir Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 621493		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE EMERGENCY ROOM MEDICAL SERVICES.			
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 Adib Mechrefe			Vice-President Name None		
Street Address 1150 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Adib Mechrefe			Treasurer Name Adib Mechrefe		
Street Address 1150 Reservoir Avenue			Street Address 1150 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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. <i>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.</i>					
Name of Authorized Representative Adib Mechrefe, President					Date 3-6-18
Signature of Authorized Representative					

SIGN DOCUMENT **FILED**

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

MAR 28 2018

BY 327497 ICM

FORM 630 - Revised: 10/2017