



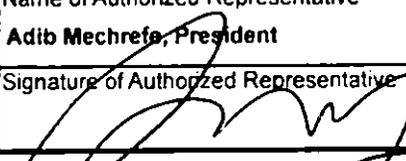
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIVISION

**Annual 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. Entity ID Number <b>39592</b>		2. Exact name of the Corporation <b>Garden City Treatment Center, Inc.</b>	
3. Principal Office Address <b>1150 Reservoir Avenue</b>		City <b>Cranston</b>	State <b>RI</b>
		Zip <b>02920</b>	
4. NAICS Code <b>621493</b>	6. Brief description of the character of business conducted in Rhode Island <b>TO PROVIDE EMERGENCY ROOM MEDICAL SERVICES.</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>Adib Mechrefe</b>		Vice-President Name <b>None</b>	
Street Address <b>1150 Reservoir Avenue</b>		Street Address	
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
Secretary Name <b>Adib Mechrefe</b>		Treasurer Name <b>Adib Mechrefe</b>	
Street Address <b>1150 Reservoir Avenue</b>		Street Address <b>1150 Reservoir Avenue</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>None</b>		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <span style="float: right;">10. Shares Issued <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>Common</b>
		PAR VALUE <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. <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 <b>Adib Mechrefe, President</b>		Date <b>3-6-18</b>	
Signature of Authorized Representative 		SIGN DOCUMENT <b>FILED</b>	

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

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