



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. Corporate ID No. 001006369

2. Name of Corporation Progressive Healthcare Concepts, Inc.

3. Street Address Principal Business Office:

No. and Street: 234C POST ROAD

City or Town: WAKEFIELD

State: RI

Zip: 02879

Country: USA

4. Business Phone No.

6093196792

5. State of Incorporation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541611

6. Brief Description of the Character of Business Conducted in Rhode Island

CONSULTING SERVICES PROVIDED TO HEALTHCARE AGENCIES; FOCUS ON STRATEGIC

MANAGEMENT, TURNAROUND SERVICES, MERGERS/ACQUISITIONS, MARKETING/RECRUITMENT, AND BUSINESS DEVELOPMENT.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name	Address
-------	-----------------	---------

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
INCORPORATOR	NICOLE VIT	234C POST ROAD WAKEFIELD, RI 02879 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	200.00	100

9. 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.

Signed this 2 Day of May, 2018 at 11:47:04 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By NICOLE VIT
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2018 State of Rhode Island and Providence Plantations
All Rights Reserved