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

Foreign 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. 001679339

2. Name of Corporation Ocean State Primary Care Center of East Providence, Inc.

3. Street Address Principal Business Office:

No. and Street: 450 VETERANS MEMORIAL PARKWAY, UNIT 15B
City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA

4. Business Phone No.

401-434-3350

5. State of Incorporation

State: DE

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.

622110

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

PROVIDE PRIMARY CARE MEDICAL AND HEALTHCARE SERVICES AND OTHER ACTIVITIES ANCILLARY THERETO

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ROBERT CRAUSMAN	450 VETERANS MEMORIAL PARKWAY, UNIT 15B

		EAST PROVIDENCE, RI 02914 USA
TREASURER	ROBERT CRAUSMAN	450 VETERANS MEMORIAL PARKWAY, UNIT 15B EAST PROVIDENCE, RI 02914 USA
SECRETARY	SCOTT WILSON	450 VETERANS MEMORIAL PARKWAY, UNIT 15B EAST PROVIDENCE, RI 02914 USA
DIRECTOR	ROBERT CRAUSMAN	450 VETERANS MEMORIAL PARKWAY, UNIT 15B EAST PROVIDENCE, RI 02914 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CWP		$0.0010	1,000.00	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 October, 2018 at 4:23:35 PM. *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 ROBERT CRAUSMAN
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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