



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 001677333		2. Exact name of the Corporation Medical Management Corp.			
3. Principal office address 166 Valley Street Bldg. 6M Suite 103			City Providence	State RI	Zip 02909
4. Business Phone No. 401-300-1415		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Medical Office Staffing 561330					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lauretta Breen			Vice-President Name Lauretta Breen		
Street Address P.O. Box 921			Street Address P.O. Box 921		
City W. Warwick	State R.I.	Zip 02893	City W. Warwick	State R.I.	Zip 02893
Secretary Name Lauretta Breen			Treasurer Name Lauretta Breen		
Street Address P.O. Box 921			Street Address P.O. Box 921		
City W. Warwick	State R.I.	Zip 02893	City W. Warwick	State R.I.	Zip 02893
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Lauretta Breen			Director Name		
Street Address P.O. Box 921			Street Address		
City W. Warwick	State R.I.	Zip 02893	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	CNP	0

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 CORPORATIONS DIV
 2019 JAN - 9 AM 10:12

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.

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

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.

FILED *Lauretta Breen*

Signature of Authorized Representative Date **01/02/2019**

JAN 09 2019 Lauretta Breen

Print or Type Name of Authorized Representative

BY SZKCA
 A.A. 10:44 A.M.