



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

**FILED**

JAN 30 2019

BY 1118

Annual Report for the year: **2019**

Corporation

- 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>968627</b>		2. Exact name of the Corporation <b>Direct Doctors, Inc.</b>				
3. Principal Office Address <b>320 Phillips Street, Unit L</b>			City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	
4. NAICS Code <b>621111</b>		6. Brief description of the character of business conducted in Rhode Island <b>Medicine</b>				
5. State of Incorporation <b>RI.</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>Lauren Hedde</b>			Vice-President Name <b>None</b>			
Street Address <b>320 Phillips Street, Unit L</b>			Street Address			
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip	
Secretary Name <b>Lauren Hedde</b>			Treasurer Name <b>Lauren Hedde</b>			
Street Address <b>320 Phillips Street, Unit L</b>			Street Address <b>320 Phillips Street, Unit L</b>			
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</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>Lauren Hedde</b>			Director Name <b>Mark Turshen</b>			
Street Address <b>320 Phillips Street, Unit L</b>			Street Address <b>320 Phillips Street, Unit L</b>			
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	
Director Name <b>None</b>			Director Name <b>None</b>			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized						
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
			NUMBER OF SHARES		CLASS/SERIES	
			PAR VALUE			
<b>200</b>		<b>Common</b>		<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.						
<b>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.</b>						
Name of Authorized Representative <b>Lauren Hedde, President</b>				Date <b>1/14/19</b>		
Signature of Authorized Representative 				SIGN DOCUMENT HERE		

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