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 State of Rhode Island and Providence Plantations



Department of State - Business Services Division

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 001676980		2 Exact name of the Corporation Bailey Health of Rhode Island P.C.			
3 Principal Office Address 1 Letterman Drive, Bldg. C, Ste 2500			City San Francisco	State CA	Zip 94129
4 NAICS Code 621399		6. Brief description of the character of business conducted in Rhode Island professional medical services			
5 State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brian Williams, MD			Vice-President Name		
Street Address 3902 Becker Avenue			Street Address		
City Austin	State TX	Zip 78751	City	State	Zip
Secretary Name Brian Williams, MD			Treasurer Name Brian Williams, MD		
Street Address 3902 Becker Avenue			Street Address 3902 Becker Avenue		
City Austin	State TX	Zip 78751	City Austin	State TX	Zip 78751
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Brian Williams, MD			Director Name		
Street Address 3902 Becker Avenue			Street Address		
City Austin	State TX	Zip 78751	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	Common	.001
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. 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.					
Name of Authorized Representative Brian Williams, MD				Date 2/1/2019	
DocuSigned by: Brian Williams		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

FILED

FEB 05 2019

FORM 630 - Revised: 08/2017

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