



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

Annual Report for the year: 2019
 Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV

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- 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 135722		2. Exact name of the Corporation Kardous Primary Care, Inc.			
3. Principal Office Address 1145 Reservoir Avenue, Suite 301			City Cranston	State RI	Zip 02920
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Rendering professional service as a physician			
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 Antioan Kardous			Vice-President Name Antioan Kardous		
Street Address 1145 Reservoir Avenue, Suite 301			Street Address 1145 Reservoir Avenue, Suite 301		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Antioan Kardous			Treasurer Name Antioan Kardous		
Street Address 1145 Reservoir Avenue, Suite 301			Street Address 1145 Reservoir Avenue, Suite 301		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Antioan Kardous			Director Name		
Street Address 1145 Reservoir Avenue, Suite 301			Street Address		
City Cranston	State RI	Zip 02920	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	No Par
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 Antioan Kardous				Date 3/23/19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED	

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

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