



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

SECRETARY OF STATE
CORPORATION DIV
2019 MAY 13 AM 11:56

1. Entity ID Number 001662367		2. Exact name of the Corporation Ginger.io, of California Medical PC			
3. Principal Office Address 116 New Montgomery Street Floor 5		City San Francisco		State CA	Zip 94105
4. NAICS Code 621330	6. Brief description of the character of business conducted in Rhode Island Health Coaching				
5. State of Incorporation CA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Omar Dawood			Vice President Name		
Street Address 116 New Montgomery Street Floor 5			Street Address		
City San Francisco	State CA	Zip 94105	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Omar Dawood			Director Name		
Street Address 116 New Montgomery Street Floor 5			Street Address		
City San Francisco	State CA	Zip 94105	City	State	Zip
Director Name			Director Name		
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 Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 100	CLASS/SERIES common shares	PAR VALUE 0	
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 Ainslie Mayberry, Asst Sec'y					Date 5/8/19
Signature of Authorized Representative Ainslie Mayberry					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.govMAY 28 2019
BY SNPAD
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