RI SOS Filing Number: 201914947300 Date: 8/23/2019 4:00:00 PM

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	2. Exact name of the Corporation
53018	MIDLAND MEDICAL, INC.

3. Principal Office Address	City	State	Zip
1312 OAKLAWN AVENUE	CRANSTON	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621111	THE PRACTICE OF PHYSICIANS AND SURGEONS
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
STEPHEN R BEAUPRE	
Street Address: 38 JANE HOWLAND PLACE	Street Address:
City: SEEKONK, State: MA, Zip: 02771	City: , State: , Zip:
Secretary Name: STEPHEN R BEAUPRE	Treasurer Name: STEPHEN R BEAUPRE
Street Address: 38 JANE HOWLAND PLACE	Street Address: 38 JANE HOWLAND PLACE
City: SEEKONK, State: MA, Zip: 02771	City: SEEKONK, State: MA, Zip: 02771

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
STEPHEN R BEAUPRE	
Street Address: 38 JANE HOWLAND PLACE	Street Address:
City: SEEKONK, State: MA, Zip: 02771	City: , State: , Zip:
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

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9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	COMMON	NO PAR VALUE

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	Date
STEPHEN R BEAUPRE	8/20/19

Signature of Authorized Representative

FILED
AUG 23 2019
BY ZETIAD
A.A

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

FORM 630 - Revised: 10/2017