



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
 → Filing Fee \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED STAMP

JAN 29 2020

BY 7563 OS

1. Entity ID Number 120023		2. Exact name of the Corporation Twin Rivers Hearing Health, Incorporated			
3. Principal Office Address 151 Douglas Pike			City Smithfield	State RI	Zip 02917
4. NAICS Code 7: 424450 Food		6. Brief description of the character of business conducted in Rhode Island To operate a hearing health center			
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 Dr. Mary Kay Uchmanowicz			Vice-President Name Dr. Mary Kay Uchmanowicz		
Street Address 151 Douglas Pike			Street Address 151 Douglas Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Dr. Mary Kay Uchmanowicz			Treasurer Name Dr. Mary Kay Uchmanowicz		
Street Address 151 Douglas Pike			Street Address 151 Douglas Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Dr. Mary Kay Uchmanowicz			Director Name n/a		
Street Address 151 Douglas Pike			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Director Name n/a			Director Name n/a		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES common	PAR VALUE 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 Dr. Mary Kay Uchmanowicz				Date 1/21/20	
Signature of Authorized Representative <i>Dr. Mary Kay Uchmanowicz</i>			SIGN DOCUMENT HERE		