



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 <b>120023</b>		2. Exact name of the Corporation <b>Twin Rivers Hearing Health, Incorporated</b>			
3. Principal Office Address <b>151 Douglas Pike</b>			City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
4. NAICS Code 7: <b>424450</b> Food		6. Brief description of the character of business conducted in Rhode Island <b>To operate a hearing health center</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Dr. Mary Kay Uchmanowicz</b>			Vice-President Name <b>Dr. Mary Kay Uchmanowicz</b>		
Street Address <b>151 Douglas Pike</b>			Street Address <b>151 Douglas Pike</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
Secretary Name <b>Dr. Mary Kay Uchmanowicz</b>			Treasurer Name <b>Dr. Mary Kay Uchmanowicz</b>		
Street Address <b>151 Douglas Pike</b>			Street Address <b>151 Douglas Pike</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Dr. Mary Kay Uchmanowicz</b>			Director Name <b>n/a</b>		
Street Address <b>151 Douglas Pike</b>			Street Address		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City	State	Zip
Director Name <b>n/a</b>			Director Name <b>n/a</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>	<b>common</b>	<b>no par</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>Dr. Mary Kay Uchmanowicz</b>					Date <b>1/21/20</b>
Signature of Authorized Representative <i>Dr. Mary Kay Uchmanowicz</i>			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