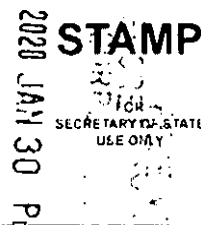


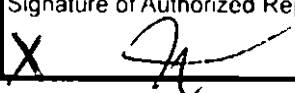


Department of State - Business Services Division

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.



1. Entity ID Number <b>82202</b>		2. Exact name of the Corporation <b>LINCOLN URGENT CARE CENTER, INC.</b>			
3. Principal Office Address <b>2 WAKE ROBIN ROAD</b>			City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
4. NAICS Code <b>621999</b>		6. Brief description of the character of business conducted in Rhode Island <b>PROVIDE MEDICAL SERVICES</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOHN J. SOLOMON, JR.</b>			Vice-President Name <b>NONE</b>		
Street Address <b>594 GREAT RD, SUITE 103</b>			Street Address		
City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	City	State	Zip
Secretary Name <b>JOHN J. SOLOMON, JR.</b>			Treasurer Name <b>JOHN J. SOLOMON, JR.</b>		
Street Address <b>594 GREAT RD., SUITE 103</b>			Street Address <b>594 GREAT RD., SUITE 103</b>		
City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES			
		CLASS/SERIES		PAR VALUE	
		<b>800</b>	<b>COMMON</b>	<b>NO PAR VALUE</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>JOHN J. SOLOMON, JR.</b>				Date <b>1-15-20</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE <b>FILED</b>	