



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIVAnnual Report for the year: **2020**
Corporation2020 MAR 13 A 11:47 **STAMP**FOR
SPECIALTY OF STATE
USE ONLY

- 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 17382		2. Exact name of the Corporation North Providence Medical Services, Inc.			
3. Principal Office Address 1524 Atwood Avenue, Suite 122			City Johnston	State RI	Zip 02919
4. NAICS Code 621498		6. Brief description of the character of business conducted in Rhode Island urgent care			
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 Robert L. Gordon			Vice-President Name Michael A. Rocchio		
Street Address 58 Gaspee Point Drive			Street Address 1524 Atwood Avenue		
City Warwick	State RI	Zip 02888	City Johnston	State RI	Zip 02919
Secretary Name Stephen J. D'Amato			Treasurer Name		
Street Address 9 Eagle Drive			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 Michael A. Rocchio					Date 3-9-20
Signature of Authorized Representative <i>Michael A. Rocchio</i>					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.gov

MAR 13 2020

BY *Ch C66 ZR*
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FORM 630 - Revised: 10/2017