	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
HOPE	Providence RI 0290 (401) 222-304		
Professional Corporation Annual Report Filing Period: January 1 - March 1			
In accordance with R.I.G.L. 7-1.2- annual report within thirty (30) day (c&d)) is subject to a penalty fee o	rs after the time prescribed by l		
ANNUAL REPORT YEAR: 2020	<u>)</u>		
1. Corporate ID No. 00170	6276		
2. Name of Corporation Upwa	ard Health of Rhode Island P	<u>C</u>	
3. Street Address Principal Bus	siness Office:		
No. and Street:188 VACity or Town:PROVII	LLEY ST DENCE State: <u>RI</u>	Zip: <u>02909</u>	Country: <u>USA</u>
4. Business Phone No.			
401-648-6200			
5. State of Incorporation			
State: <u>RI</u>			
	ARTICLE III		
Enter the six digit NAICS Code the the list of codes here. More inform			the entity. Download
<u>621999</u>			
6. Brief Description of the Cha	racter of Business Conducte	d in Rhode Island	
PHYSICIAN SERVICES, INC	CLUDING PRIMARY CAR	E MEDICAL SERVIO	CES
7. Names and Addresses of the	e Officers and Directors:		
All officers and directors mu Incorporator is no longer a	ust be listed. If officers and/opplicable; please delete.	or directors have beer	n elected, the title
Title	Individual Name	Add	
INCORPORATOR	First, Middle, Last, Suffix DENNIS MIHALE	Address, City or Town, S	State, Zip Code, Country
		PROVIDENCE,	RI 02909 USA

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
STK		\$0.0000	100.00	0
Signed this 29 Day of Sep or individuals signing this	instrument constitutes	s the affirmation or ac	cknowledgement	of the
	instrument constitutes of perjury, that this in ation, and that the fac ance with R.I. Gen. La <u>YU</u>	the affirmation or ac strument is that indiv ts stated herein are th ws § 7-1.2.	cknowledgement idual's act and d	of the eed or the