



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 001656983

2. Name of Corporation MedPro Group Inc.

3. Street Address Principal Business Office:

No. and Street: 5814 REED ROAD

City or Town: FORT WAYNE State: IN Zip: 46835 Country: USA

4. Business Phone No.

2604860845

5. State of Incorporation

State: IN

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

524210

6. Brief Description of the Character of Business Conducted in Rhode Island

TO ACT AS A PARENT COMPANY OF AN INSURANCE HOLDING COMPANY SYSTEM WHICH EMPLOYS PERSONS TO ADMINISTER AND SERVE ITS DIRECT AND INDIRECT SUBSIDIARIES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

PRESIDENT	TIMOTHY J. KENESEY	5814 REED ROAD FORT WAYNE, IN 46835 USA
TREASURER	ANTHONY BOWSER	5814 REED ROAD FORT WAYNE, IN 46835 USA
SECRETARY	ANGELA M ADAMS	5814 REED ROAD FORT WAYNE, IN 46835 USA
VICE PRESIDENT	KIMBERLY KEM	5814 REED ROAD FORT WAYNE, IN 46835 USA
OTHER OFFICER	MARK LASH LASH	5814 REED ROAD FORT WAYNE, IN 46835 UNI

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$10.0000	120,000.00	120000

9. 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.

Signed this 14 Day of January, 2021 at 7:29:02 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MARK LASH
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2021 State of Rhode Island
All Rights Reserved