State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2021
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	2. Exact name of the Corporation
82202	LINCOLN URGENT CARE CENTER, INC.

3. Principal Office Address	City	State	Zip
2 WAKE ROBIN ROAD	LINCOLN	RI	02865

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621999	PROVIDE MEDICAL SERVICES
5. State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: JOHN J. SOLOMON, JR.			Vice-President Name: NONE		
Street Address: 594 GREAT RD, SUITE 103			Street Address:		
City: NORTH SMITHFIELD	State: RI	Zip: 02896	City:	State:	Zip:
Secretary Name: JOHN J. SOLOMON, JR.			Treasurer Name: JOHN J. SOLOMON, JR.		
Street Address: 594 GREAT RD., SUITE 103			Street Address: 594 GREAT RD., SUITE 103		
City: NORTH SMITHFIELD	State: RI	Zip: 02896	City: NORTH SMITHFIELD	State: RI	Zip: 02896

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
800	COMMON	NO 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	Date
JOHN J. SOLOMON, JR.	2-12-2021

Signature of Authorized Representative

X

FILED
SIGN DOCUMENT HERE
MAR 3 2021
BY RDPGJ
11:37

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017