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State of Rhode Island and Providence Plantations
**Department of State – Business Services Division**

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BY 3325

# 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. Corporate ID No. | 2. Name of Corporation |
|---|---|
| 001670896 | New England Premier HealthCare, Ltd. |

| 3. Street Address Principal Business Office | City | State | Zip |
|---|---|---|---|
| 48 Gaspee Point Drive | Warwick | RI | 02888 |

| 4. NAICS Code | 5. State of Incorporation |
|---|---|
| 621999 | Rhode Island |

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

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Garron S. Lamp, M.D. | 48 Gaspee Point Drive | Warwick | RI | 02888 |

| Vice President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Garron S. Lamp, M.D. | 48 Gaspee Point Drive | Warwick | RI | 02888 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Garron S. Lamp, M.D. | 48 Gaspee Point Drive | Warwick | RI | 02888 |

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) ☐

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES - THIS SECTION MUST BE COMPLETED

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100 common shares $.01 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.*

Signature

3/4/21
Date

Garron S. Lamp, M.D.
Print or Type Name

President
Title

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