State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

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BUS SVCS DIV
2021 MAR 29 P 12:41

1. Entity ID Number	2. Exact name of the Corporation		
102087	Administrative Services Medical Group, Inc.		
3. Principal Office Address	City	State	Zip
1150 Reservoir Avenue, Suite 205	Cranston	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
541611	To carry on all business that a physician licensed to practice medicine in the State of Rhode Island might be involved.		
5. State of Incorporation			
Rhode Island			

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

President Name	Carine M. Leconte		Vice-President Name	James R. Bonner	
Street Address	1150 Reservoir Avenue, Suite 205		Street Address	1150 Reservoir Avenue, Suite 205	
City	Cranston	State RI Zip 02920	City	Cranston	State RI Zip 02920
Secretary Name	James R. Bonner		Treasurer Name	Carine M. Leconte	
Street Address	same as above		Street Address	same as above	
City		State Zip	City		State Zip

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

Director Name	Carine M. Leconte		Director Name	James R. Bonner	
Street Address	same as above		Street Address	same as above	
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	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
Carine M. Leconte, M.D., President	3/26/2021
Signature of Authorized Representative	

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

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MAR 29 2021
FORM 630 - Revised: 08/2020
BY