



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
APR 25 2022
BY

1. Entity ID Number 114109		2. Exact name of the Corporation South County Primary Care, Inc.			
3. Principal Office Address 360 Kingstown Road			City Narragansett	State RI	Zip 02882
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island To engage in the practice of medicine.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Monica L. Gross, M.D.			Vice President Name		
Street Address 360 Kingstown Road			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name Monica L. Gross, M.D.			Treasurer Name Monica L. Gross, M.D.		
Street Address 360 Kingstown Road			Street Address 360 Kingstown Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Monica L. Gross, M.D.			Director Name		
Street Address 360 Kingstown Road			Street Address		
City Narragansett	State RI	Zip 02882	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			200		Common
					PAR VA. J:
					\$0.01
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 Monica L. Gross, M.D.					Date 4/16/22
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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