



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

JAN 18 2023

STAMP

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

| | | | | | |
|---|-------------|--|---|--------------------|--------------|
| 1. Entity ID Number 000164509 | | 2. Exact name of the Corporation Meer Primary Care, Inc. | | | |
| 3. Principal Office Address 999 S. Broadway, Suite 200 | | | City East Providence | State RI | Zip 02914 |
| 4. NAICS Code 621111 | | 6. Brief description of the character of business conducted in Rhode Island Physician | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Omar Meer, MD | | | Vice-President Name | | |
| Street Address 999 S. Broadway, Suite 200 | | | Street Address | | |
| City East Providence | State RI | Zip 02914 | City | State | Zip |
| Secretary Name Omar Meer, MD | | | Treasurer Name Omar Meer, MD | | |
| Street Address 999 S. Broadway, Suite 200 | | | Street Address 999 S. Broadway, Suite 200 | | |
| City East Providence | State RI | Zip 02914 | City East Providence | State RI | Zip 02914 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Omar Meer, MD | | | Director Name | | |
| Street Address 999 S. Broadway, Suite 200 | | | Street Address | | |
| City East Providence | State RI | Zip 02914 | 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 | | PAR VALUE |
| | | | 100 | Common | .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 Omar Meer, MD | | | | Date 01-14-2023 | |
| 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