	State of Rhode Isla		Fee: \$50.00
	Office of the Secretary Division Of Business Se		
	148 W. River Street	t	
7636	Providence RI 02904-2 (401) 222-3040	2615	
Foreign Business Corpora	tion		
Annual Report Filing Period: February 1 - May	1		
file its annual report within thirt	.2-1501(e), each corporation fail y (30) days after the time prescr bject to a penalty fee of \$25.00.		
ANNUAL REPORT YEAR: 202	3		
1. Corporate ID No. <u>00014</u>	9998		
2. Name of Corporation Occu	pational Health Centers of the	Southwest, P.A.	
3. Street Address Principal B	usiness Office:		
No. and Street: <u>4714 GET</u>	TYSBURG ROAD		
City or Town: <u>MECHAN</u>	ICSBURG State:	<u>PA</u> Zip: <u>17055</u>	Country: <u>USA</u>
4. Business Phone No.			
<u>7179721100</u>			
5. State of Incorporation			
State: <u>T X</u>			
	ARTICLE III		
-	that best describes the primary <u>e.</u> More information on <u>NAICS</u> c		
<u>621498</u>			
6. Brief Description of the Ch	aracter of Business Conducted	in Rhode Island	
MEDICAL SERVICES			
7. Names and Addresses of t	ne Officers and Directors:		
All officers and directors n	nust be listed.		
Title	Individual Name First, Middle, Last, Suffix	Addre Address, City or Town, Sta	

PRESIDENT / SECRETARY / TREASURER	ROBERT HASSETT MD		5080 SPECTRUM DRIVE ADDISON, TX 75001 USA		
DIRECTOR	ROBERT HASSETT MD		5080 SPECTRUM DRIVE ADDISON, TX 75001 USA		
VICE PRESIDENT	JANET W COBB 508		0 SPECTRUM DR., 1200 W TOWER ADDISON, TX 75011 USA		
Shares Authorized and Is	sued				
Class of Stock	Series of Stock	Par Valu Shar		Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
				Number of shares	Snares
CWP		\$1.000		100,000.00	1000
This report must be exec be corporation is in the	hands of a receiver of receiver or trustee. Dary, 2023 at 2:59: An astrument constitutes of perjury, that this in and that the facts sta	corporatic or trustee, t <b>51 PM.</b> This the affirma strument is ated herein	on by an this repo is electro ation or that ind	100,000.00 authorized repres ort must be execut onic signature of the acknowledgement lividual's act and de	1000 entative. If ed on behalt e individual of the eed or the ac

Form No. 630 Revised 09/07

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