



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2023**

Corporation

→ Filing period: February 1 - May 1

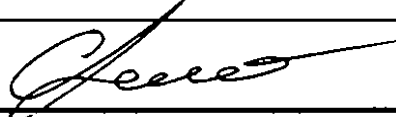
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
STAMP

APR 06 2023

BY 1009 18

1. Entity ID Number 102087		2. Exact name of the Corporation Administrative Services Medical Group, Inc.			
3. Principal Office Address 1150 Reservoir Avenue, Suite 205		City Cranston		State RI	Zip 2920
4. NAICS Code 541611		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
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 2920	City Cranston	State RI	Zip 2920
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 <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 Carine M. Leconte, M.D., President					Date 3/24/2023
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

FORM 630 - Revised: 2/2023