



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2023

1. Corporate ID No. 001007648

2. Name of Corporation Landmark Physician Services

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

621111

4. Principal Office Address

No. and Street: 196 CASS AVENUE

City or Town: WOONSOCKET

State: RI

Zip: 02895

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THE DELIVERY OF VARIOUS MODALITIES OF HEALTH CARE TO THE PUBLIC AND RELATED ACTIVITIES

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
CEO	MICHAEL SOUZA	115 CASS AVE. WOONSOCKET, RI 02895 USA
CFO	SCOTT BROWN	115 CASS AVE. WOONSOCKET, RI 02895 USA
CMO AND DIRECTOR	GARRON LAMP	115 CASS AVE. WOONSOCKET, RI 91761 USA
DIRECTOR	SCOTT BROWN	115 CASS AVE. WOONSOCKET, RI 02895 USA
DIRECTOR	MICHAEL SOUZA	115 CASS AVE. WOONSOCKET, RI 02895 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

COGENCY GLOBAL INC. 222 JEFFERSON BOULEVARD WARWICK , RI 02888

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 21 Day of April, 2023 at 5:31:48 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By SCOTT BROWN
Signature of Authorized Person

Form No. 631
Revised 09/07

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