



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

**Fee: \$50.00**

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

**Foreign Business Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR **2023**: 2023**

**1. Corporate ID No.** 001735231

**2. Name of Corporation** Reliant Medical Group, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 100 FRONT STREET

City or Town: WORCESTER

State: MA

Zip: 01608

Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: MA

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

624190

**6. Brief Description of the Character of Business Conducted in Rhode Island**

TO PROMOTE THE HEALTH OF THE COMMUNITIES IT SERVES BY PROVIDING  
COST-  
EFFECTIVE AND COORDINATED HEALTH CARE SERVICES FOR THE PREVENTION,  
DIAGNOSIS,  
TREATMENT, AND CURE OF HUMAN DISEASE

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	PETER MARSHALL GILL	9900 BREN ROAD EAST MINNETONKA, MN 55343 USA
CFO	PURNIMA V. JAIN	100 FRONT STREET WORCESTER, MA 01608 USA
PRESIDENT, CEO, EX OFFICIO DIRECTOR	TAREK ELSAWY, M.D.	WORCESTER OFFICE TOWER, 14TH FLOOR, 100 FRONT ST. WORCESTER, MA 01608 USA
ASSISTANT CLERK	KAREN CANAS	100 FRONT STREET, MA-058-1000 WORCESTER, MA 01608 USA
CLERK	ROSSI GRIFFIN	100 FRONT STREET WORCESTER, MA 01608 USA
ASSISTANT SECRETARY	HEATHER ANASTASIA LANG	9900 BREN ROAD EAST MINNETONKA, MN 55343 USA
DIRECTOR	PAUL JOSEPH BALTHAZOR	11020 OPTUM CIRCLE MINNETONKA, MN 55344 USA
DIRECTOR	WYATT WOODMAN DECKER, M.D.	11000 OPTUM CIRCLE EDEN PRAIRIE, MN 55344 USA
DIRECTOR	THAD F. SCHILLING, M.D.	100 FRONT STREET, WOT 14TH FLOOR WORCESTER, MA 01608 USA
DIRECTOR	JOSEPH N. SIDARI, M.D.	123 SUMMER STREET, SUITE 300, WORCESTER MEDICAL CENTER WORCESTER, MA 01608 USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	100.00	100

**9. 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.**

**Signed this 26 Day of April, 2023 at 8:56:40 AM.** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KELLY LETTMANN

Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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