



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.

RECEIVED
 R.I. DEPT. OF STATE
 JUN 16 2023

2023 JUN 16 AM 11:58

1. Entity ID Number 001706276		2. Exact name of the Corporation Upward Health of Rhode Island, PC			
3. Principal Office Address 188 Valley Street, Suite 201			City Providence	State RI	Zip 02909
4. NAICS Code 621999		6. Brief description of the character of business conducted in Rhode Island Physician Services, including primary care medical services			
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			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
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 Dennis Mihale			Director Name		
Street Address 8995 Bensalem Drive			Street Address		
City Jacksonville	State FL	Zip 32257	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASSIFIED	
		0		0	
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 Doug Thompson				Date 6/14/23	
Signature of Authorized Representative <i>Doug Thompson</i>				FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904 2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JUN 16 2023

BY AR IP2FS

11:58