



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
BUSINESS SERVICES DIVISION

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
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
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
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 0	
		CLASSIFIED 0	
		PAR VALUE 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 		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

FORM 630 - Revised: 11/2021