



**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

**Professional Service Benefit Corporation  
Fictitious Business Name Statement**

(Section 7-5.3-402 of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**

The legal name of the applicant business corporation is: Quadrant RI Virtual Care P.C.

**SECTION II**

The fictitious business name to be used is: As You Are

**SECTION III**

The state or territory under the laws of which it is incorporated is  
State: RI Country: USA

**SECTION IV**

The date of incorporation is 07/19/2023

**SECTION V**

The address of its registered office within Rhode Island is:

No. and Street: 222 JEFFERSON BOULEVARD, SUITE 200

City or Town: WARWICK

State: RI Zip: 02888

Name: INCORPORATING SERVICES, LTD.

**SECTION VI**

The business in which it is engaged  
PHYSICIAN; PRACTICE OF MEDICINE

**SECTION VII**

Applicant is otherwise authorized to do business in the state of Rhode Island.

**Signed this 8 Day of August, 2023 at 10:14:57 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.*

Quadrant RI Virtual Care P.C.

Name of Applicant Corporation

TRACY C. BURTON, MD

Signature of Authorized Officer

Form No. 624  
Revised 09/07

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