



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JAN 16 2024

EY

1. Entity ID Number 000164509		2. Exact name of the Corporation Meer Primary Care, Inc.												
3. Principal Office Address 999 S. Broadway, Suite 200			City East Providence	State RI	Zip 02914									
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Physician												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Omar Meer, MD			Vice-President Name											
Street Address 999 S. Broadway, Suite 200			Street Address											
City East Providence	State RI	Zip 02914	City	State	Zip									
Secretary Name Omar Meer, MD			Treasurer Name Omar Meer, MD											
Street Address 999 S. Broadway, Suite 200			Street Address 999 S. Broadway, Suite 200											
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Omar Meer, MD			Director Name											
Street Address 999 S. Broadway, Suite 200			Street Address											
City East Providence	State RI	Zip 02914	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	.01			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	Common	.01												
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 Omar Meer, MD				Date 01-11-2024										
Signature of Authorized Representative														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov