State of Rhode Island

Department of State - Business Services Division

FILED

JAN 16 2024 P

EY 1543

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.

1. Entity ID Number	2. Exact name of the Corporation		
000164509	Meer Primary Care, Inc.		
3. Principal Office Address	City	State	Zip
999 S. Broadway, Suite 200	East Providence	RI	02914
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
621111	Physician		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

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 ☐

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	Date
Omar Meer, MD	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

FORM 630 - Revised: 11/2021