



State of Rhode Island
Department of State - Business Services Division

STAMP

REC'D RIDOS B.S.D.
24 JAN 30 PM 11 55 86

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 001670896		2. Exact name of the Corporation New England Premier HealthCare, Ltd.			
3. Principal Office Address 48 Gaspee Point Drive			City Warwick	State RI	Zip 02888
4. NAICS Code 621999		6. Brief description of the character of business conducted in Rhode Island Medicine/Healthcare.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Garron S. Lamp, MD			Vice-President Name		
Street Address 48 Gaspee Point Drive			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Secretary Name Garron S. Lamp, MD			Treasurer Name Garron S. Lamp, MD		
Street Address 48 Gaspee Point Drive			Street Address 48 Gaspee Point Drive		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common Shares
			PAR VALUE		0.01 par value
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.					
<i>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.</i>					
Name of Authorized Representative Garron S. Lamp, MD				Date 1/22/24	
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

FILED
JAN 30 2024
BY ML 434