State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Fee: $20.00

Foreign Non-Profit Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001696571

2. Name of Corporation HARTFORD HEALTHCARE MEDICAL GROUP,INC.

3. State of Incorporation

State: CT

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code
621111

4. Principal Office Address

No. and Street: 35 WELLS STREET, UNIT 4
City or Town: WESTERLY State: RI Zip: 02891 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

PRACTICE MEDICINE AND PROVIDE HEALTH CARE SERVICES TO THE PUBLIC

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

DIRECTOR & CHAIR	JEFFREY COHEN MD	1290 SILAS DEANE HIGHWAY, 2ND FLOOR WETHERSFIELD, CT 06109 USA
DIRECTOR, PRESIDENT, CEO & VICE CHAIR	PADMANABHAN PREMKUMAR MD	1290 SILAS DEANE HIGHWAY, 2ND FLOOR WETHERSFIELD, CT 06109 USA
DIRECTOR	MICHAEL DAGLIO	1290 SILAS DEANE HIGHWAY, 2ND FLOOR WETHERSFIELD, CT 06109 USA
DIRECTOR	CARA RIDDLE, DO	1290 SILAS DEANE HIGHWAY, 2ND FLOOR WETHERSFIELD, CT 06109 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 4 Day of March, 2024 at 4:23:37 PM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By PADMANABHAN PREMKUMAR
Signature of Authorized Person

Form No. 631
Revised 09/07