



**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

**Foreign Business Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 001735231

**2. Name of Corporation** Reliant Medical Group, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 100 FRONT STREET

City or Town: WORCESTER

State: MA

Zip: 01608

Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: MA

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

624190

**6. Brief Description of the Character of Business Conducted in Rhode Island**

1. TO PROMOTE THE HEALTH OF THE COMMUNITIES IT SERVES BY PROVIDING COST-EFFECTIVE AND COORDINATED HEALTH CARE SERVICES FOR THE PREVENTION, DIAGNOSIS, TREATMENT, AND CURE OF HUMAN DISEASE; 2. PROVIDE HEALTH EDUCATION TO ITS PATIENTS AND OTHER MEMBERS OF THE COMMUNITY, AS WELL AS TO

PHYSICIANS AND  
OTHER CLINICIANS IN TRAINING; 3. ENGAGE IN AND CARRY ON ANY SUCH  
OTHER  
ACTIVITIES IN FURTHERANCE OF SUCH PURPOSES AS CORPORATIONS  
ORGANIZED UNDER  
CHAPTER 180 OF THE MASSACHUSETTS GENERAL LAWS... MAY CONDUCT...

7. 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
PRESIDENT	THAD F. SCHILLING M.D.	100 FRONT STREET WORCESTER, MA 01608 USA
TREASURER	PETER MARSHALL GILL	100 FRONT STREET WORCESTER, MA 01608 USA
CFO	PURNIMA V. JAIN	100 FRONT STREET WORCESTER, MA 01608 USA
ASSISTANT CLERK	KAREN CANAS	100 FRONT STREET,MA-058-1000 WORCESTER, MA 01608 USA
ASSISTANT SECRETARY	HEATHER ANASTASIA LANG	100 FRONT STREET WORCESTER, MA 01608 USA
ASSISTANT SECRETARY	TIMOTHY JOSEPH LANGDON	100 FRONT STREET WORCESTER, MA 01608 USA
CLERK	SEEMA M LYNCH	100 FRONT STREET WORCESTER, MA 01608 USA
CHIEF EXECUTIVE OFFICER, DIRECTOR	CHRISTOPHE ANDREOLI M.D.	100 FRONT STREET WORCESTER, MA 01608 USA
DIRECTOR	DAVID B. GILCHRIST M.D.	100 FRONT STREET WORCESTER, MA 01608 USA
DIRECTOR	CAITLIN RICH ZULLA	100 FRONT STREET WORCESTER, MA 01608 USA
DIRECTOR	THAD F. SCHILLING, M.D.	100 FRONT STREET,WOT 14TH FLOOR WORCESTER, MA 01608 USA
DIRECTOR	JOSEPH N. SIDARI M.D.	100 FRONT STREET WORCESTER, MA 01608 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	100.00	100

9. 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.

**Signed this 23 Day of April, 2024 at 4:17:12 PM.** *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.*

By KELLY LETTMANN  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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