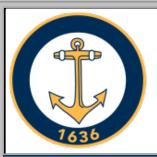
RI SOS Filing Number: 202452717770 Date: 4/26/2024 12:10:00 PM



## 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. 001759802

2. Name of Corporation Cloud Health Medical Group, P.A.

3. Street Address Principal Business Office:

No. and Street: 100 PINE STREET, SUITE 500

City or Town: SAN FRANCISCO State: CA Zip: 94111 Country: USA

4. Business Phone No.

5616948107

5. State of Incorporation

State: FL

#### **NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.

541611

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

### MANAGEMENT SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

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

DIRECTOR/PRESIDENT /CEO/SECRETARY	CHET THARPE, MD	100 PINE STREET,SUITE 500 SAN FRANCISCO, CA 94111 USA
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#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
CNP		\$0.0000	1,000.00	0

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 26 Day of April, 2024 at 12:11:47 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 CHET THARPE, MD

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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