



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$60.00**

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

**Professional Service Benefit Corporation  
Annual Report**

*Filing Period: Fiscal Year End - 120 days after Fiscal Year End*

*In accordance with R.I.G.L. 7-5.3-1501(e), each corporation failing or refusing to file its annual report within one hundred fifty (150) days following the end of the fiscal year is subject to a penalty fee of \$25.00.*

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

**1. Corporate ID No.** 001760571

**2. Name of Corporation** Quadrant RI Virtual Care P.C.

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

No. and Street: 841 E FAYETTE ST

City or Town: SYRACUSE

State: NY

Zip: 13210

Country: USA

**4. Business Phone No.**

866-219-8595

**5. State of Incorporation**

State: RI

**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.

621111

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

FISCAL YEAR END DECEMBER 31. ANNUAL REPORT DUE BY APRIL 30 EACH YEAR.  
PHYSICIAN; PRACTICE OF MEDICINE

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	TRACY CHANG BURTON	2905 W CARLOS STREET TAMPA, FL 33629 USA
CEO	TRACY CHANG BURTON	2905 W CARLOS STREET TAMPA, FL 33629 USA
INCORPORATOR	TRACY CHANG BURTON	2905 W CARLOS STREET TAMPA, FL 33629 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>
CWP		\$0.5000	1,000.00	1000

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.

10. The ways in which the benefit corporation pursued general public benefit during the year and the extent to which general public benefit was created:

PROVIDE HEALTHCARE TO MINORS, OFTEN IN LOCATIONS WITHOUT HEALTHCARE ACCESS AND BELOW THE POVERTY LEVEL.

11. The ways in which the benefit corporation pursued a specific public benefit that the Articles of Incorporation state is the purpose of the benefit corporation and the extent to which that specific public benefit was created:

THE PURPOSE IS PHYSICIAN VIA PRACTICE OF MEDICINE. THE BENEFIT CORPORATION PROVIDES VIRTUAL HEALTH AND DIAGNOSTIC SERVICES IN RHODE ISLAND.

12. Any circumstances that have hindered the creation by the benefit corporation of general public benefit or specific public benefit:

CLIENTELE OFTEN LACKS ACCESS TO HEALTHCARE OR IS PART OF A HEALTHCARE NETWORK WITH LOW REIMBURSEMENT RATES.

13. The process and rationale for selecting or changing the third-party standard used to prepare the benefit report:

THE ENTITY HAS A CLINICAL ADVISORY BOARD OF EXPERTS AND ADVOCATES THAT ADVISE ON THE BENEFIT AND WORK ON BEHALF OF A MANAGEMENT COMPANY, QUADRANT VIRTUAL CARE MANAGEMENT LLC, TO OPERATE AS A THIRD-PARTY.

**14. Provide an assessment of the overall social and environmental performance of the benefit corporation against a third-party standard, either applied consistently with any application of that standard in prior benefit reports or accompanied by an exclamation of the reasons for any inconsistent application or the change to that standard from the one used in the immediately prior report:**

THE ENTITY REGULARLY CONSULTS WITH ITS BOARD AND MANAGEMENT COMPANY TO FOLLOW A STANDARD OF REVIEW OF THE CARE PROVIDED, THE STANDARDS OF CARE, ONGOING MEDICAL TRAINING, COMMUNITY OUTREACH, INCREASING ACCESS AND PROVIDING CARE. THE ENTITY WORKS WITH CARE COORDINATORS TO PROVIDE OUTREACH ON INSURANCE ACCESS, ACCESS TO SPECIALIZED CARE SERVICES AND ONGOING COORDINATION WITH SCHOOLS AND OTHER MEDICAL PROVIDERS.

**15. The statement of the benefit director described in subsection 7-5.3-8(c):**

THE BENEFIT CORPORATION ACTED IN ACCORDANCE WITH ITS GENERAL PUBLIC BENEFIT PURPOSE AND ANY SPECIFIC PUBLIC BENEFIT PURPOSE IN ALL MATERIAL RESPECTS DURING THE PERIOD COVERED BY THE REPORT AND COMPLIED WITH §§ 7-5.3-7(A) AND 7-5.3-9(A).

**16. A statement of any connection between the organization that established the third-party standard, or its directors, officers or any holder of 5% or more of the governance interests in the organization and the benefit corporation or its directors, officers or any holder of 5% or more of the outstanding shares of the benefit corporation. The statement should include any financial or governance relationship which might materially affect the credibility of the use of the third-party standard:**

QUADRANT RI VIRTUAL CARE P.C. USES A MANAGEMENT COMPANY, QUADRANT VIRTUAL CARE MANAGEMENT LLC. THE SOLE SHAREHOLDER OF QUADRANT RI VIRTUAL CARE P.C. IS NOT EMPLOYED BY QUADRANT VIRTUAL CARE MANAGEMENT LLC, THOUGH

SHE DOES HAVE  
OPPORTUNITY TO PROVIDE FEEDBACK.

**17. If the benefit corporation has dispensed with, or restricted the discretion or powers of the board of directors, indicate the persons that exercise the powers, duties, and rights and who has the immunities of the board of directors. Name(s) and address of the person(s) that exercise the powers, duties and rights of a benefit director:**

N/A - THE ONLY ONE WITH POWERS IS THE SOLE SHAREHOLDER WHO ALSO ACTS  
AS  
PRESIDENT AND CEO FOR QUADRANT RI VIRTUAL CARE P.C.

**18. If during the year covered by this benefit report, a benefit director resigned from or refused to stand for reelection to the position of benefit director, or was removed from the position, and the benefit director furnished the benefit corporation with any written correspondence concerning the circumstances surrounding the resignation, refusal, or removal, the benefit report shall include that correspondence as an exhibit.**

**Signed this 1 Day of May, 2024 at 4:35:49 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 TRACY C. BURTON  
Signature of Authorized Representative of the Corporation

Form No. 633  
Revised 07/13

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