



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2024 DEC 23 PM 2:36

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1. Entity ID Number 000164509		2. Exact name of the Corporation Meer Primary Care, Inc.			
3. Principal Office Address 999 S. Broadway, Suite 200		City East Providence		State RI	Zip 02914
4. NAICS Code 621111	6. Brief description of the character of business conducted in Rhode Island Physician				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Omar Meer, MD			Vice-President Name		
Street Address 999 S. Broadway, Suite 200			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Omar Meer, MD			Treasurer Name Omar Meer, MD		
Street Address 999 S. Broadway, Suite 200			Street Address 999 S. Broadway, Suite 200		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Omar Meer, MD			Director Name		
Street Address 999 S. Broadway, Suite 200			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	PAR VALUE		
		100	Common	.01	
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. 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.					
Name of Authorized Representative Omar Meer, MD				Date 12/18/2024	
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

FORM 650 - Revised: 11/2021