State of Rhode Office of the Secret					
Division Of Busines	ss Services				
148 W. River S					
Providence RI 029 (401) 222-30					
	J40				
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 2025: 2025					
1. Corporate ID No. 001677333					
2. Name of Corporation Medical Management Corp.					
3. Street Address Principal Business Office:					
No. and Street: 166 VALLEY STREET					
BUILDING 6M, SUITE 103					
City or Town: <u>PROVIDENCE</u> S	State: <u>RI</u> Zip: <u>02909</u> Country: <u>USA</u>				
4. Business Phone No.					
<u>4012185036</u>					
5. State of Incorporation					
State: <u>RI</u>					
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.					
<u>561330</u>					
6. Brief Description of the Character of Business Conducted in Rhode Island					
MEDICAL OFFICE STAFFING					
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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.					

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country		
PRESIDENT	LAURETTA BREEN	P.O. BOX 921 WEST WARWICK, RI 02893 USA		
SECRETARY	LAURETTA BREEN	P.O. BOX 921 WEST WARWICK, RI 02893 USA		
VICE PRESIDENT	LAURETTA BREEN	P.O. BOX 921 WEST WARWICK, RI 02893 USA		

## 8. Shares Authorized and Issued

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

**Signed this 2 Day of February, 2025 at 11:31:24 AM.** *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 LAURETTA BREEN

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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