RI SOS Filing Number: 201860391310 Date: 3/16/2018 4:00:00 PM

and the second						
State of Rhode Island an Department of St.			ivision			
Annual Report for the ye				C. CARRIE		
•		·				
→ Filing period: January 1 - March 1 → Filing Fee: \$50.00						
→ Penalty: Additional \$25.00	fee if form is not f	iled by April 1.				
1. Entity ID Number	2 Exact name of	of the Corporation				
80126	1 7 1	' ' '	Same	S. J. 111		
3. Principal Office Address	Laya	iology -	City	STS, Lta	/	7 ₁₀
45 Wells St. S	مر ما	1	مل مل الم	-2 sp	State	02891
4 NAICS Code			VVZSIC	Tuz		00011
4. NAICS Code	o, aner descript	ion of the characte	r of business co	nducted in Rhode Is	land	
Lealin	4600	مر و در	f an Care	inclusion	201 2	shuck ince
5. State of Incorporation The rendering of professional services of physicians and surgeons						
Khode Island						
7. List ALL officers (names and ad President Name)	dresses)	· · ·	Vice-President I		the box to inc	dicate an attachment
Howard L. I Street Address	Stephen M. Kutz					
45 Walls St. Ste 102			Street Address 45 Wells St. Ste 102			
City Westerly	State	^{Zip} 0289]	city Weste	rly	State	0 2891
Secretary Name Jon F. Scheiber			Stephen M. Kutz			
Street Address 45 Wells St. Ste 102			Street Address Wells St. Ste 102			
City Westerly	State	Zip 0289/	CitWester		State	~ 21p
8. List ALL directors (names and a	ddresses)				the box to in	dicate an attachment
Director Name Director Name						₹ 788 n
Street Address			Street Address = 25.0			
						6 444
City	State	Zip	City		State	P Zip Chin
Director Name	<u>.</u>	_l	Director Name	 -	1	12 O. O.
						· · · · · · · · · · · · · · · · · · ·
Street Address			Street Address			
City	State	Zıp	City	····	State	Zip
Shares Authorized This information is currently of reco	rd in the	10. Shares Issue		Check t		dicate an attachment PAR VALUE
Department of State.	ro in the		THE STATE OF THE S			A /2 A)
Changes require an additional filing		100		Cognm	00	No Par
onenges roquite an accidental litting	•	<u> </u>			[
11. This report must be executed of	n behalf of the co	rporation by an au	thorized represe	ntative. If the corpor	ration is in th	e hands of a receiver or
trustee, this report must be execut	ed on behalf of the	e corporation by th	e receiver or tru	stee,		
Under penalty of perjury, I decia statements, and that all stateme	re ang aπirm tha ints contained he	t i nave examined Irein are true and	f this report, in: correct	cluding any accom	panying sc	hedules and
Name of Authorized Representative Date						/
Stephen M. Kutz 03/14 Signature of Authorized Representative EIIED						1/18
Signature of Authorized Representative FILED						
}	7.14	Sign book	IMENT HERE	LIFED		
MAII TO:		\ 		MAR 1 6 2018		
Division of Business Services						
148 W. River Street, Providence, Rhode	e Island 02904-2615	i	,	226717		
Phone: (401) 222-3040 Website: www.sos.ri.gov			BY_		FC) RM 630 - Rovised: 10/2017