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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2020 FEB 26 A 10: 15

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

	6. Brief description Rendering producesses) -Peris 2nd Floor State RI -Peris 2nd Floor	ription of the characterofessional service	Providence ster of business is as a physician Vice-Presider Street Addres City Provide	Chect T Name Emilio Rodri	k the box to i	Zip 02907 indicate an attachment		
4. NAICS Code 621111 5. State of Incorporation Rhode Island 7 List ALL officers (names and ac President Name Emilio Rodriguez- Street Address 655 Broad Street, 2 City Providence Secretary Name Emilio Rodriguez- Street Address 655 Broad Street, 2	Rendering p Iddresses) -Peris 2nd Floor State RI -Peris 2nd Floor	rofessionai service	Providence ter of business is as a physician Vice-Presider Street Addres City Provide	Chect T Name Emilio Rodri	RI Island k the box to i guez-Peris 2nd Floor	02907 indicate an attachment [
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Street Address 655 Broad Street, 2	2nd Floor	<u>_</u>	Transvene No.	City Providence		^{Z₁p} 02907		
boo Broad Street, 2			Treasurer Name Emilio Rodriguez-Peris					
Citic		655 Broad Street, 2nd Floor			Street Address 655 Broad Street, 2nd Floor			
City Providence	State RI	Z.p ₀₂₉₀₇	City Provide	ence	State RI	Zip 02907		
8. List ALL directors (names and	addresses)			Chec	k the box to	indicate an attachment [
Director Name Emilio Rodriguez-P	Director Name							
Street Address 655 Broad Street, 2	Street Address							
	Terata	Zip	City		State	Zip		
City Providence	State RI	Z ₁ p 02907						
Director Name			Director Nam	е		-		
Street Address			Street Address					
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9. Shares Authorized		10. Shares Is:				indicate an attachment		
This information is currently of record in the Department of State.		NUMBER C	NUMBER OF SHARES		CLASS/SERIES FAR VALUE Common No Par			
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Changes require an additional filin	ng.							
11. This report must be executed	on behalf of the	corporation by an	authorized repre	esentative. If the corp	ooration is in	the hands of a receiver		
trustee, this report must be execu	uted on behalf of	f the corporation by	the receiver or	trustee.				
Under penalty of perjury, I deci	lare and affirm	that I have examir	ed this report,	including any acco	mpanying s	schedules and		
statements, and that all statem Name of Authorized Representat		i nerein are true ai	na correct.	· · -	Date	1/10inan		
Emilio Rodriguez-Peris		•			1/15/2020			
Signature of Authorized Represe	entative 7		COMEN THE	EVO		-		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.r.gov

FORM 630 - Revised: 10/2017