



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
APR 26 2023
BY 19208
STAMP
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1. Entity ID Number 000053018		2. Exact name of the Corporation MIDLAND MEDICAL, INC.			
3. Principal Office Address 315 COMMONWEALTH AVENUE		City WARWICK		State RI	Zip 02886
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island MEDICAL CENTER - URGENT CARE & PRIMARY CARE FACILITY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEPHEN R. BEAUPRE			Vice-President Name		
Street Address 38 JANE HOWLAND PLACE			Street Address		
City SEEKONK	State MA	Zip 02771	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized HERE		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
The information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		COMMON	NO PAR VALUE
<p>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.</p> <p>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.</p>					
Name of Authorized Representative STEPHEN R. BEAUPRE				Date 03/01/2023	
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