STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

** 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.*

1. Corporate ID No.	2. Name of Corporation
118510	International TravelCare Physicians, Inc.

3. Street Address Principal Business Office	City	State	Zip
400 BALD HILL ROAD	WARWICK	RI	02886-

4. Business Phone No.	5. State of Incorporation
	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE TRAVEL MEDICINE AND VACCINES

7. NAMES AND ADDRESSES OF THE OFFICERS (☐ SEE BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Robert Partridge	
Street Address	Street Address
400 BALD HILL ROAD	
City / State / Zip	City / State / Zip
WARWICK / RI / 02886	
Secretary Name	Treasurer Name
Lawrence Proano	Lawrence Proano
Street Address	Street Address
99 Perryville Road	99 Perryville Road
City / State / Zip	City / State / Zip
Rehoboth / MA / 02769	Rehoboth / MA / 02769

8. NAMES AND ADDRESSES OF THE DIRECTORS (☐ SEE BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

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 (☐ SEE BOX FOR ATTACHMENT) ☐ 10. SHARES ISSUED (☐ SEE BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
2,000 NO PAR VALUE			100	Common	No Par

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.

[redacted] 1 1 8 5 1 0 [redacted]

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.

Signature of Officer *Date*

Lawrence Proano
Print or Type Name of Officer

[redacted] Secretary
Title of Officer

File Date	FILED
Check No.	OCT 10 2007
By:	By 692

FOR SECRETARY OF STATE USE ONLY

Form 630 12/05