



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Professional Corporation
Annual Report**

Filing Period: January 1 - March 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: 2008

1. Corporate ID No. 000174080

2. Name of Corporation THE CENTER FOR PLASTIC AND HAND SURGERY, P.C.

3. Street Address Principal Business Office:

No. and Street: 120 DUDLEY ST.
SUITE 201

City or Town: PROVIDENCE State: RI Zip: 02905 Country: USA

4. Business Phone No.

401 632 4700

5. State of Incorporation

State:

6. Brief Description of the Character of Business Conducted in Rhode Island

HEALTH CARE

7. Names and Addresses of the Officers and Directors:

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	SCOTT TIMOTHY SCHMIDT	3 LANTERN BROOK DRIVE LINCOLN, RI 02865 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.00	200.00	200

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 22 Day of January, 2008 at 6:19:37 PM by the incorporator(s). *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 SCOTT T SCHMIDT MD
Signature of Authorized Representative of the Corporation

PRESIDENT
Title

Form No. 630
Revised 09/07

© 2007 - 2008 State of Rhode Island and Providence Plantations
All Rights Reserved