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

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** 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		
7071	EAST BAY MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC		
3. Street Address Principal Business Office	City	State	Zip
103 Beverly Road	Riverside	RI	02915
4. Business Phone No.	5. State of Incorporation		
401 - 270 - 4677	Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island			
CONDOMINIUM ASSOCIATION			

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

President Name	Vice President Name
JOHN DARBY, DOS	LIONEL LEMAS, MD
Street Address	Street Address
250 Wampanoag Trail - UNIT 103	250 Wampanoag Trail - UNIT 304
City / State / Zip	City / State / Zip
E Providence / RI / 02915	E Providence / RI / 02915
Secretary Name	**Treasurer Name**
JODY UNDERWOOD	Elaine Crellin
Street Address	Street Address
250 Wampanoag Trail - UNIT 303	250 Wampanoag Trail - UNIT 102
City / State / Zip	City / State / Zip
E Providence / RI / 02915	E Providence / RI / 02915

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

Director Name	Director Name
MARY LUSSICK, MD	
Street Address	Street Address
250 Wampanoag Trail - UNIT 201	
City / State / Zip	City / State / Zip
E Providence / RI / 02915	
Director Name	**Director Name**
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
13	NO PAR VALUE		11		
			THIS SECTION MUST BE COMPLETED		

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] [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.

John Darby — *Signature* — 1-17-08 *Date*

JOHN DARBY — *Print or Type Name*

PRESIDENT — *Title*

[redacted]

File Date FILED
Check No. JAN 22 2008
By: By 327 MMC
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Form 630 Rev. 12/06

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