



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

A. Raipb 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. 7071		2. Name of Corporation EAST BAY MEDICAL CENTER CONDOMINIUM ASSOCIATION, Inc			
3. Street Address Principal Business Office 103 Beverly Road			City Riverside	State RI	Zip 02915
4. Business Phone No. 401-270-4677		5. State of Incorporation 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Darby, Dds			Vice President Name Lionel Lemas, MD		
Street Address 250 Wampawoog Trail - Unit 103			Street Address 250 Wampawoog Trail - Unit 304		
City Providence	State RI	Zip 02915	City Providence	State RI	Zip 02915
Secretary Name Jody Underwood			Treasurer Name Elaine Cullin		
Street Address 250 Wampawoog Trail - Unit 303			Street Address 250 Wampawoog Trail - Unit 102		
City Providence	State RI	Zip 02915	City Providence	State RI	Zip 02915
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Mary Lussier, MD			Director Name		
Street Address 250 Wampawoog Trail - Unit 201			Street Address		
City Providence	State RI	Zip 02915	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.

File Date	FILED
Check No.	JAN 22 2008
By	BY 1327 MME
FOR SECRETARY OF STATE USE ONLY	

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 John Darby Date 1-17-08
 Print or Type Name John Darby
 Title President