

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

Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

	1.2-1501(e), each corpo	ration failing or refusing	ORT MUST BE TYPED OR to file its annual report within			
1. Corporate ID No.						
18150	Alexander P	hilips M D Inc				
3. Street Address Principal Business Office 20 Cumberland Hill Road			Woonsocket	State R I	^{Zip} 02895	
4. Business Phone No. 5. State of Incorporation 401 766 2970 Rhode Island						
6. Brief Description of the Character of Business Conducted in Rhode Island						
Medical Office 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name : Vice President Name						
Alexander Philips			Philip A Philips			
Street Address			Street Address			
20 Cumberland Hill Road			20 Cumberland Hill Road			
City Woonsocke	State R I	^{Ζφ} 02895	Gity Woonsocket	State R I	<i>Ζι</i> ρ 02895	
Secretary Name Alexander Philips			Treasurer Name Alexander Philips			
Street Address			Street Address			
20 Cumberland Hill Road			20 Cumberland Hill Road			
City	State	Zφ	City	State	Zip	
Woonsocket	RI	02895	Woonsocket	RI	l ₀₂₈₉₅	
B. NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	SHHIII	CHMENT) FILL IN SPAC Director Name	ES BEFORE USING AT	TACHMENTS	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name	J	J	Director Name			
Street Address			Street Address			
Сйу	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED (*AUTHORIZED SHARES	 X" BOX FOR ATTAC	MMENT)	10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION I	CASSANII II AND II AND II AND	! Y T} □	
Number of Shares	Class/Series	Par Value	Number of Shares	- Class/Series	Par Value	
600 No Par Value	Construction .	, or relac	•	Course of the	without	
- TOO NO THE VALUE			200 THE SECTION	COMMON BE COMP	par value	
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.						
				I declare and affirm that I		
1 15g (15g - 14g - 14g - 14g - 15g			mending any accompany	ring schedules and statemer	uis, and uiat an statements	

File Date Check No.	FILED JAN 2 2 2008 9 103 mme
<i>B</i> y;	FÖR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and a including any accompanying schedules	
contained helein are true and correct.	and statements, and that an statements
of Musically of	1/17/08
Signature	1 Date
Alexander Philips	
Print or Type Name	
President	
Title	- C20 D 00/06
	Form 630 Rev. 08/06