

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

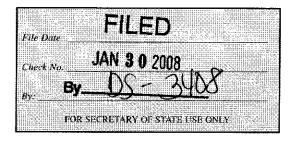
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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. 16571	2. Name of Corpor GRAHAM J		IC.		
3. Street Address Principal Business Office 300 TOLLGATE ROAD, SUITE 204			WARWICK	State Ri	Zip 02886
4. Business Phone No. 4017382400		5. State of Incorporation RHODE ISLAND)		**************************************
	Character of Business Conducte SERVICES AS PHYSIC!	d in Rhode Island ANS AND SURGEONS S	PECIALIZING IN PEDIA	ATRICS	**************************************
7 NAMES AND ADD President Name	RUSSES OF THE OF IC	ers. <i>(X[*]Box forall</i> i	ACHMENTO TRILLIN : Vice President Name	SPACES BEFORE USING	ATTACHMENTS
GRAHAM J. NEW	/STEAD, M.D.		Pice Freshent sume		
Street Address 300 TOLLGATE ROAD, SUITE 204			Street Address		
City WARWICK	State RI	χφ 02886	СПу	State	Z(p
Secretary Name GRAHAM J. NEWSTEAD, M.D.			Treasurer Name GRAHAM J. NEWSTEAD, M.D.		
Street Address 300 TOLLGATE ROAD, SUITE 204		Street Address 300 TOLLGATE ROAD, SUITE 204			
City WARWICK	State RI	^{Zip} 02886	City WARWICK	State RI	<i>Zip</i> 02886
8. NAMES AND ADDI Director Name GRAHAM J. NEW		TORS: ("X" BOX FOR AT	TACHMENT) TELL I Director Name	n spaces before using	ATTACHMENTS
Street Address 300 TOLLGATE R	OAD. SUITE 204	**************************************	Street Address	erautauru.	
City WARWICK	State RI	2ip 02886	City	State	Zip
Director Name			Director Name		***************************************
Street Address		Street Address			
Сйу	State	Zip	Сиу	State	Zip
9. SHARES AUTHORI AUTHORIZED SHARES	ZED (CX" BOX FOR A	JAOMENO 🗆		CX" BOX FOR ATTACE ECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	COMMON	NO PAR VALUE	200	COMMON	NO PAR VALUE

This report must be ex	secuted on behalf of the	corporation by an authoriz	ed 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.



Under penalty of perjury, I declare and affirm that I ha	ve examin	ed this repor
including any accompanying schedules and statements	s, and that	all statement
contained herein are true and correct	17	Janet

GRAHAM J. NEWSTEAD, M.D.

Print or Type Name

PRESIDENT

Title