RI SOS Filing Number: 200807439160 Date: 02/01/2008 4:00 PM

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 | | | |
|---|---|---|---|---|
| 110454 | Gregory P. Stiener, M.D., Inc. | | | |
| 3. Street Address Principal Business Office | | City | State | Zip |
| 339 ANGELL STREET | | PROVIDENCE | RI | 02906- |
| 4. Business Phone No. | 5. State of Incorporation | | | |
| 4012735605 | RHODE ISLAND | | | |

6. Brief Description of the Character of Business Conducted in Rhode Island
**THE PRACTICE OF PSYCHIATRIC MEDICINE.**

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

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Gregory P. Stiener, M.D. | 339 ANGELL STREET | PROVIDENCE | RI | 02906 |

| Vice President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Gregory P. Stiener, M.D. | 339 ANGELL STREET | PROVIDENCE | RI | 02906 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Gregory P. Stiener, M.D. | 339 ANGELL STREET | PROVIDENCE | RI | 02906 |

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

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | 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* |
| 2,000 NO PAR VALUE | | | 100 | Common | No Par |
| | | | 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] 110454

**FILED**
*File Date* FEB 01 2008
*Check No.*
*By*
FOR SECRETARY OF STATE USE ONLY

19719-7-227799

[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.

*Signature* *Date* 1-16-08

Gregory P. Stiener, M.D.
*Print or Type Name*

[redacted] President
*Title*

Form 630 Rev. 12/06