

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

Fee: \$50.00

Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040

Professional Corporation Annual Report

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2008

1. Corporate ID No. 000000670

2. Name of Corporation MARISA I. ALLEGRA, M.D., LTD.

3. Street Address Principal Business Office:

No. and Street: 1 RANDALL SQUALRE SUITE 407

City or Town: PROVIDENCE State: RI Zip: 02904 Country: USA

4. Business Phone No.

401-421-6711

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

THE PRACTICE OF PSYCHIATRY

7. Names and Addresses of the Officers and Directors:

Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
TREASURER	MARISA I ALLEGRA MD	1 RANDALL SQUARE, SUITE 407 PROVIDENCE, RI 02904 USA	
SECRETARY	MARISA I ALLEGRA MD	1 RANDALL SQUARE, SUITE 407 PROVIDENCE, RI 02904 USA	
PRESIDENT	MARISA I ALLEGRA MD	1 RANDAL SQUARE SUITE 407 PROVIDENCE, RI 02904 USA	

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
CNP		\$0.00	2,000.00	100

9. 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.

Signed this 5 Day of March, 2008 at 10:05:14 AM by the incorporator(s). This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By MARISA I ALLEGRA, MD

Signature of Authorized Representative of the Corporation

PRESIDENT

Title

Form No. 630 Revised 09/07

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