RI SOS Filing Number: 200809028740 Date: 02/19/2008 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
135723	MINDY S. ROSENBLOOM, M.D. INC.

3. Street Address Principal Business Office	City	State	Zip
26 BOSWORTH STREET, SUITE 5	BARRINGTON	RI	02806

4. Business Phone No.	5. State of Incorporation
401-289-0250	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
tO PROVIDE MEDICAL SERVICES AND COUNSELING TO PATIENTS

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

President Name	Vice President Name
MINDY S. ROSENBLOOM	N/A
Street Address: 26 BOSWORTH STREET, SUITE 5	Street Address:
City: BARRINGTON State: RI Zip: 02806	City: State: Zip:
Secretary Name: MINDY S. ROSENBLOOM	Treasurer Name: MINDY S. ROSENBLOOM
Street Address: 26 BOSWORTH STREET, SUITE 5	Street Address: 26 BOSWORTH STREET, SUITE 5
City: BARRINGTON State: RI Zip: 02806	City: BARRINGTON State: RI Zip: 02806

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

Director Name	Director Name
NONE	
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100	COMM	$1.00

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMM	$1.00

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]

[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.

Mindy Rosenbloom MD 2/12/08
Signature *Date*

Mindy Rosenbloom MD
Print or Type Name

President
Title

[redacted]

File Date FILED
Check No. FEB 19 2008
By: By DS-791
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20890-34-234143

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