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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			
71002	DENIS E. MOONAN, M.D., INC.			
3. Street Address Principal Business Office		City	State	Zip
1515 Smith Street, Unit N		North Providence	RI	02911
4. Business Phone No.	5. State of Incorporation			
(401)353-0555	Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island				
Rendering Professional Services as physicians and surgeons.				

President Name			Vice President Name		
Denis E. Moonan, M.D.			Vacant		
Street Address			Street Address		
Unit N, 1515 Smith Street					
City	State	Zip	City	State	Zip
North Providence	RI	02911			
Secretary Name			Treasurer Name		
Denis E. Moonan, M.D.			Denis E. Moonan, M.D.		
Street Address			Street Address		
Unit N, 1515 Smith Street			Unit N, 1515 Smith Street		
City	State	Zip	City	State	Zip
North Providence	RI	02911	North Providence	RI	02911

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
500 NO PAR VALUE			10 Shares	Common	No Par value
			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]

[redacted]

FILED
MAR 06 2008
By [illegible]

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.

Denis E Moonan MD 2/27/08
Signature *Date*

Denis E. Moonan, M.D.
Print or Type Name

[redacted] President
Title

Form 630 Rev. 12/06