



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 86000		2. Name of Corporation JOHN P FEMINO MD Utd		
3. Street Address Principal Business Office 21A PLAINFIELD PIKE			City FOSTER	State RI
4. Business Phone No. 401-294-6170		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Medical Professional Services				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name JOHN P FEMINO, MD			Vice President Name	
Street Address 21A PLAINFIELD PIKE			Street Address	
City FOSTER	State RI	Zip 02825	City	State
Secretary Name			Treasurer Name	
Street Address			Street Address	
City	State	Zip	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name JOHN P FEMINO			Director Name	
Street Address 21A PLAINFIELD PIKE			Street Address	
City FOSTER	State RI	Zip 02825	City	State
Director Name			Director Name	
Street Address			Street Address	
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES				
Number of Shares 8000	Class/Series STK	Par Value 1.00/Share	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
			Number of Shares 0.00	Class/Series STK
				Par Value 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.

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: John P Femino Date: 3-28-08
Print or Type Name: JOHN P FEMINO, MD
Title: President

File Date: **FILED**
Check No.: **MAR 31 2008**
By: 5486
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