



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  
401.222.3000

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

**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. Certificate ID No. 129700		2. Name of Corporation Peris Medical Corporation			
3. Street Address, Principal Business Office 21 Peace Street, 5th Floor East		City Providence		State Rhode Island	Zip 02907
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Rendering professional services as a physician					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Emilio Rodriguez-Peris			Vice President Name Emilio Rodriguez-Peris		
Street Address 21 Peace Street, 5th Floor East			Street Address 21 Peace Street, 5th Floor East		
City Providence	State Rhode Island	Zip 02907	City Providence	State Rhode Island	Zip 02907
Secretary Name Emilio Rodriguez-Peris			Treasurer Name Emilio Rodriguez-Peris		
Street Address 21 Peace Street, 5th Floor East			Street Address 21 Peace Street, 5th Floor East		
City Providence	State Rhode Island	Zip 02907	City Providence	State Rhode Island	Zip 02907
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Emilio Rodriguez-Peris			Director Name		
Street Address 21 Peace Street, 5th Floor East			Street Address		
City Providence	State Rhode Island	Zip 02907	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series Common	Par Value No Par

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

Date

Emilio Rodriguez-Peris

Print or Type Name

President

Title

Form 630 Rev. 08/08

<b>FILED</b>	
File Date	JAN 13 2009
Check No.	
By	By 5588
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