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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

Business 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: 2009

1. Corporate ID No. 000293078

2. Name of Corporation Medical Services of Rhode Island, Inc.

3. Street Address Principal Business Office:

No. and Street: 3724 NATIONAL DRIVE, SUITE 109
City or Town: RALEIGH State: NC Zip: 27612 Country: US

4. Business Phone No.

5. State of Incorporation

State:

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

TO CONTRACT WITH HOSPITALS AND OTHER HEALTHCARE PROVIDERS FOR THE PROVISION OF DOCTORS AND PERSONNEL FOR EMERGENCY ROOMS AND OTHER DEPARTMENTS OF SAID PROVIDERS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	VINCENT MORRA	750 VETERANS MEMORIAL HIGHWAY, SUITE 200 HAUPPAUGE, NY 11788 US
SECRETARY	ERIC C HEDEN	39 MAIN STREET, PO BOX 156 TIBURON, CA 94920 US
DIRECTOR	VINCENT MORRA	750 VETERANS MEMORIAL HIGHWAY, STE 200 HAUPPAUGE, NY 11788 USA
DIRECTOR	SERGE MARTIAL	39 MAIN ST. TIBURON, CA 94920 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*
CWP		$1.00	10,000.00	1000

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 15 Day of January, 2009 at 10:01:20 AM. *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 ROBERT AMARANTE
Signature of Authorized Representative of the Corporation

TAX MANAGER
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07