



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 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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 68352		2. Name of Corporation Family Medicine Specialists, Inc.		
3. Street Address Principal Business Office 174 Armistice Boulevard			City Pawtucket	State RI
4. Business Phone No. 401.723.7578		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Provide Professional Medical Service				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name David P. Carter, M.D.		Vice President Name Colleen A. Cleary, M.D.		
Street Address 174 Armistice Boulevard		Street Address 174 Armistice Boulevard		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI
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 David P. Carter, M.D.		Director Name Colleen A. Cleary, M.D.		
Street Address 174 Armistice Boulevard		Street Address 174 Armistice Boulevard		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
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.		Number of Shares 200	Class/Series Common	Par Value None

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.

FILED

File Date: JAN 20 2009

Check No: 3563

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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] 1-8-09
Signature Date
DAVID P. CARTER, MD
Print or Type Name
President
Title