



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 02904-261
401.222.304

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. Corporate ID No. 86739	2. Name of Corporation Peter T. Yasigian, MD Professional Corporation		
3. Street Address Principal Business Office 2 Meehan Lane	City Cumberland	State RI	Zip 02864
4. Business Phone No. 401-658-2525	5. State of Incorporation Rhode Island		

5. Brief Description of the Character of Business Conducted in Rhode Island
To provide Medical Services and Activities Related Thereto

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Peter T. Yasigian	Vice President Name n/a
Street Address 2 Meehan Lane	Street Address
City Cumberland	City
State RI	State
Zip 02864	Zip
Secretary Name Peter T. Yasigian	Treasurer Name Peter T. Yasigian
Street Address 2 Meehan Lane	Street Address 2 Meehan Lane
City Cumberland	City Cumberland
State RI	State RI
Zip 02864	Zip 02864

3. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name none	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION **MUST** BE COMPLETED

Number of Shares	Class/Series	Par Value
100	common	no par value

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.

File Date	1-30-09
Check No.	20953
By:	mnc
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	1-15-09
Peter T. Yasigian	Date
Print or Type Name	
President	
Title	