

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

1. Corporate ID No. 267158	Medical L	re of Corporation ical Law Publishing, Inc.				
3. Street Address Principal Business Office 75 Sockanossett Cross Road Suite 212			City Cranston	State RI	<i>z_{ip}</i> 02920	
Business Phone No. 401 421 4747 5. State of Incorporation Rhode Island						
Publishing Health Ca						
NAMES AND ADD resident Name A. David Tammelle		ICERS: ("X" BOX FOR ATTA	CHMENT) FILL IN Vice President Name	SPACES BEFORE USIN	G ATTACHMENTS	
treet Address 75 Sockanossett Cross Road Suite 212			Street Address			
ary Oranston	State RI	^{Zip} 02920	City	State	Zip	
cretaŋ [,] Name			Treasurer Name A. David Tammelleo			
Street Address			Street Address 75 Sockanossett Cross Road Suite 212			
City	State	Zip	Gity Cranston	State RI	Zip 02920	
. NAMES AND ADDI	tesses of the diri	ECTORS: ("X" BOX FOR ATT	TACHMENT) FILL II Director Name	N SPACES BEFORE USI	NG ATTACHMENTS	
roet Address			Street Address			
ity	State	Zip	City	State	Zip	
rector Name			Director Name	L		
treet Address			Street Address			
ity	State	Zip	City	State	Zip	
	ZED	I	10. SHARES ISSUED ISSUED SHARES — THIS SE	("X" BOX FOR ATTAC ECTION <u>MUST</u> BE COMPLETED	 CHMENT)	
SHARES AUTHORIZ	This information is currently of record in the Office of the Secretary of			Class/Series	Par Value	
his information is cu	rrently of record in th	is office of the activity of	100		\$0.01	
his information is cu tate. Changes requir	rrently of record in the an additional filing.	See Section 9 of				
his information is cu tate. Changes requir istruction sheet.	e an additional filing.	See Section 9 of				
tate. Changes requirestruction sheet. his report must be ex-	e an additional filing.	See Section 9 of the corporation by an authorize corporation by the receiver of	d representative. If the c	corporation is in the hand	ds of a receiver or to	

	FILED
File Date	FEB 13 2009
Check No.	By 30.323
Ву:	FOR SECRETARY OF STATE USE ONLY

	Under panalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
1	contained Herein are true and correct.
_	Annaure Sunvelles Date
	A. David Tamelleo
	Print or Type Name
	President and Treasurer
	Title