



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&d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |             |                                                         |                                                                     |                        |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------|---------------------------------------------------------------------|------------------------|-------------------|
| 1. Corporate ID No.<br>62854                                                                                                                               |             | 2. Name of Corporation<br>Thomas D. DeNucci, M.D., Inc. |                                                                     |                        |                   |
| 3. Street Address Principal Business Office<br>33 Staniford Street                                                                                         |             |                                                         | City<br>Providence                                                  | State<br>RI            | Zip<br>02905      |
| 4. Business Phone No.<br>(401) 421-8800                                                                                                                    |             | 5. State of Incorporation<br>Rhode Island               |                                                                     |                        |                   |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>To Provide Medical Services                                                 |             |                                                         |                                                                     |                        |                   |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                                         |                                                                     |                        |                   |
| President Name<br>Thomas D. DeNucci, M.D.                                                                                                                  |             |                                                         | Vice President Name                                                 |                        |                   |
| Street Address<br>33 Staniford Street                                                                                                                      |             |                                                         | Street Address                                                      |                        |                   |
| City<br>Providence                                                                                                                                         | State<br>RI | Zip<br>02905                                            | City                                                                | State                  | Zip               |
| Secretary Name<br>Thomas D. Denucci, M.D.                                                                                                                  |             |                                                         | Treasurer Name<br>Thomas D. Denucci, M.D.                           |                        |                   |
| Street Address<br>33 Staniford Street                                                                                                                      |             |                                                         | Street Address<br>33 Staniford Street                               |                        |                   |
| City<br>Providence                                                                                                                                         | State<br>RI | Zip<br>02905                                            | City<br>Providence                                                  | State<br>RI            | Zip<br>02905      |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                                         |                                                                     |                        |                   |
| Director Name<br>Thomas D. DeNucci, M.D.                                                                                                                   |             |                                                         | Director Name                                                       |                        |                   |
| Street Address<br>33 Staniford Street                                                                                                                      |             |                                                         | Street Address                                                      |                        |                   |
| City<br>Providence                                                                                                                                         | State<br>RI | Zip<br>02905                                            | 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 <u>MUST</u> BE COMPLETED               |                        |                   |
|                                                                                                                                                            |             |                                                         | Number of Shares<br>8,000                                           | Class/Series<br>Common | Par Value<br>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.

|                                 |             |
|---------------------------------|-------------|
| <b>FILED</b>                    |             |
| File Date                       | FEB 17 2009 |
| Check No.                       | By 1531     |
| By                              |             |
| 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: Thomas D. DeNucci Date: 01/21/09  
Thomas D. DeNucci M.D.  
Print or Type Name  
President  
Title