RI SOS Filing Number: 200942416640 Date: 02/17/2009 4:00 PM

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.	2. Name of Corporation			
143115	Partners in Primary Care, Inc.			
3. Street Address Principal Business Office		City	State	Zip
750 Reservoir Avenue		Cranston	RI	02910
4. Business Phone No.	5. State of Incorporation			
401-467-6617	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
To provide medical services

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

President Name	Street Address	City	State	Zip
Brian J. Pickett, M.D.	5 Rocky Way	West Kingston	RI	02892
Vice President Name	**Street Address**	**City**	**State**	**Zip**
Stephanie J. Krusz, M.D.	10 Sophia Drive	Cranston	RI	02921
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Brian J. Pickett, M.D.	5 Rocky Way	West Kingston	RI	02892
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Stephanie J. Krusz, M.D.	10 Sophia Drive	Cranston	RI	02921

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

Director Name	Street Address	City	State	Zip
Brian J. Pickett, M.D.	5 Rocky Way	West Kingston	RI	02892
Director Name	**Street Address**	**City**	**State**	**Zip**
Stephanie J. Krusz, M.D.	10 Sophia Drive	Cranston	RI	02921
Director Name	**Street Address**	**City**	**State**	**Zip**
Director Name	**Street Address**	**City**	**State**	**Zip**

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100,000	Common	$.01

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

ISSUED SHARES - THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	Common	$.01

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.

[redacted]

FILED
File Date FEB 17 2009
Check No. 1763
By:
FOR SECRETARY OF STATE USE ONLY
31250-21-348386

[redacted]

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.

MD 1/14/09
Signature *Date*

Brian J. Pickett, M.D.
Print or Type Name

[redacted] President
Title

Form 630 Rev. 12/06