

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(e&d)) is white to a tender for 6 \$250.00* subject to a penalty fee of \$25.00.

| 1. Corporate ID No. 132237 | 2. Name of Corporation John Chaffey, D.O., Ltd. | | | | |
|--|---|----------------------------|--|------------------------------------|----------------------------------|
| 3. Street Address Principal Business Office 215 Toll Gate Road, Suite 209 | | | City Warwick | State RI | ^{Zip} 02886 |
| 4. Business Phone No. 5. State of Incorporation Rhode Island | | | | • | |
| 6. Brief Description of the Character of To engage in the general pra | | | ted service | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name John Chaffey | | | CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name John Chaffey | | |
| Street Address 215 Toll Gate Road, Suite 209 | | | Street Address 215 Toll Gate Road, Suite 209 | | |
| City Warwick | State RI | ^{Ζφ} 02886 | City Warwick | State RI | ^{Zip} 02886 |
| Secretary Name John Chaffey | | | Treasurer Name John Chaffey | | |
| Street Address 215 Toll Gate Road, Suite 209 | | | Street Address 215 Toll Gate Road, Suite 209 | | |
| City Warwick | State RI | ^{Ζφ} 02886 | City Warwick | State RI | ^{Zip} 02886 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name John Chaffey | | | ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None | | |
| Street Address 215 Toll Gate Road, Suite 209 | | | Street Address | | |
| City Warwick | State RI | 2φ 02886 | City | State | Zip |
| Director Name None | | | Director Name None | | |
| Street Address | | | Street Address | | |
| Gity | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 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 | Class/Series | Par Value |
| | | | 100 | Common | No Par |
| This report must be executed of this report must be executed of | | | or trustee. Under penalty including any, | of perjury. Lideclare and affirm t | hat I have examined this report, |
| File Date FEB 1 9 2009 | | | Signature Contained herein are true and correct. Date | | |

Print or Type Name

President

FOR SECRETARY OF STATE USE ONLY

Check No.