

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(cord.)) is

1. Corporate ID No.
140018

2. Name of Corporation
Joseph D. Pianka, M.D., Inc.

3. Street Address Principal Business Office
R. City
Providence
RI

2. In a corporation
R. City
Providence
RI

2. State
RI

2. Day

2. Day

2. Day

3. Street Address Principal Business Office
RI

3. Street RI

3. Street RI

3. Street RI

3. Street RI

4. City
RI

5. City
RI

6. City
RI

140010	Joseph D. Flanka	3, WI.D., HIC.				
3. Street Address Principal Business Office 33 Staniford Street			City Providence	State RI	^{Zip} 02905	
4 Business Phone No. (401) 421-8800		5. State of Incorporation Rhode Island				
6. Brief Description of the Character of To Engage in the Practice of	l Business Conducted in RE i Medicine	oode Island				
7. NAMES AND ADDRESSES (OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) TILL IN SPACE Vice President Name	S BEFORE USING ATTA	ACHMENTS	
Joseph D. Pianka, M.D.			THE FIRST MITTE			
Street Address 33 Staniford Street			Struet Address			
City: Providence	State RI	^{Ζίρ} 02905	City	State	Zip	
Secretary Name Joseph D. Pianka, M.D.			Treasurer Name Joseph D. Pianka, M.D.			
Street Address 33 Staniford Street			Street Address 33 Staniford Street			
Providence	State RI	^{Zip} 02905	City Providence	State RI	<i>гір</i> 02905	
8. NAMES AND ADDRESSES Of Director Name	OF THE DIRECTORS	E ("X" BOX FOR ATT.	ACHMENT) TILL IN SPACE Director Name	ES BEFORE USING AT	TACHMENTS	
Street Address			Street Address			
City	State	Zip	Cîty	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	Сиу	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	
			1,000	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.

File Date _	FILED
Check No	FEB 17 2009
Ву:	By (2134)
FC	DR SECRETARY OF STATE USE ONLY

į	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.
	1/24/09 Date
,	Joseph D. Pianka, M.D.
7	Print or Type Name
	President
-	Title