

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 630 Rev. 08/08

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.		or rejusing so jue us ur	muu report wunin iniriy (30) a	ays after the time prescribed by L	aw (R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No 102204	2. Name of Corporation Thomas E. Sepe, M.D., Inc.				
3. Street Address Principal Business Office 33 Staniford Street			<sup>Сиу</sup> Providence	State RI	Zip 02905
4. Business Phone No. 5. State of Incorpora Rhode Island			17		
6. Brief Description of the Character To Engage in the Practice of	of Business Conducted in 1 of Medicine	Rhode Island			
7. NAMES AND ADDRESSES		("X" BOX FOR ATTA	ACHMENT) [ FILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name Thomas E. Sepe, M.D.			Vice President Name		
Street Address 33 Staniford Street			Street Address		
City Providence	State RI	Ζφ 02905	City	State	Zip
Secretary Name Thomas E. Sepe, M.D.			Treasurer Name Thomas E. Sepe, M.D.		
Street Address 33 Staniford Street			Street Address 33 Staniford Street		
Providence	State RI	<i>хір</i> 02905	City Providence	State RI	<i>гір</i> 02905
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	S: ("X" BOX FOR AT	TACHMENT) T FILL IN Director Name	SPACES BEFORE USIN	G ATTACHMENTS
Thomas E. Sepe, M.D.			Director Name		
Street Address 33 Staniford Street			Street Address		
City:	State	Zip	City	State	Zip
Providence  Director Name	J RI	02905	Director Name		
Strvet Address			Street Address		
City	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	\$.01
This report must be executed of this report must be executed of	on behalf of the corpo	oration by an authorize ration by the receiver of	or trustee. Under penalty of pc	rjury <b>/</b> declare and affirm t	hat I have examined this report
File Date FILED  Check No. FEB 17 20			including any accompaning schedules and statements, and that all statements contained herein are utlesand correct.  Signature  Batte		
By:  FOR SECRETARY OF STATE	b		Thomas E. Sepe, M.D.  Print or Type Name  President  Title		