



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

On 1/22/09
1/21/09

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. 107188		2. Name of Corporation Theodore C. Palumbo, M.D., Inc.	
3. Street Address Principal Business Office 33 Staniford Street		City Providence	State RI
4. Business Phone No. (401) 421-8800		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island To engage Primarily in the Specific Business of Practicing Medicine.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Theodore C. Palumbo, M.D.		Vice President Name	
Street Address 33 Staniford Street		Street Address	
City Providence	State RI	City	State
Zip 02905		Zip	
Secretary Name Theodore C. Palumbo, M.D.		Treasurer Name Theodore C. Palumbo, M.D.	
Street Address 33 Staniford Street		Street Address 33 Staniford Street	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name none		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐	
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 MUST BE COMPLETED	
		Number of Shares	Class/Series
		100	common
		Par Value	No par

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.

FILED

File Date FEB 17 2009

Check No. By 1/21/09

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

Theodore C. Palumbo, M.D.

Print or Type Name

President

Title

Date