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

Gen. A 01/22/09
Ck # 2469
$50.00

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
107188	Theodore C. Palumbo, M.D., Inc.

3. Street Address Principal Business Office	City	State	Zip
33 Staniford Street	Providence	RI	02905

4. Business Phone No.	5. State of Incorporation
(401) 421-8800	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	Vice President Name
Theodore C. Palumbo, M.D.	
Street Address	Street Address
33 Staniford Street	
City / State / Zip	City / State / Zip
Providence / RI / 02905	
Secretary Name	**Treasurer Name**
Theodore C. Palumbo, M.D.	Theodore C. Palumbo, M.D.
Street Address	Street Address
33 Staniford Street	33 Staniford Street
City / State / Zip	City / State / Zip
Providence / RI / 02905	Providence / RI / 02905

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

Director Name	Director Name
none	
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	**Director Name**
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	common	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.

[redacted]

FILED

File Date FEB 17 2009

Check No. By 2469

By:

FOR SECRETARY OF STATE USE ONLY

[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.

Signature *Date* 1/21/09

Theodore C. Palumbo, M.D.
Print or Type Name

President
Title

[redacted]

Form 630 Rev. 08/08