



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

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.<br>145461                                                                                                                              |             | 2. Name of Corporation<br>Kevin S. Palumbo, M.D., Inc. |                                                                     |                        |                    |
| 3. Street Address Principal Business Office<br>33 Staniford Street                                                                                         |             |                                                        | City<br>Providence                                                  | State<br>RI            | Zip<br>02905       |
| 4. Business Phone No.<br>(401) 421-8800                                                                                                                    |             | 5. State of Incorporation<br>Rhode Island              |                                                                     |                        |                    |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>To Engage in the Practice of Medicine                                       |             |                                                        |                                                                     |                        |                    |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                                        |                                                                     |                        |                    |
| President Name<br>Kevin S. Palumbo, M.D.                                                                                                                   |             |                                                        | Vice President Name                                                 |                        |                    |
| Street Address<br>33 Staniford Street                                                                                                                      |             |                                                        | Street Address                                                      |                        |                    |
| City<br>Providence                                                                                                                                         | State<br>RI | Zip<br>02905                                           | City                                                                | State                  | Zip                |
| Secretary Name<br>Kevin S. Palumbo, M.D.                                                                                                                   |             |                                                        | Treasurer Name<br>Kevin S. Palumbo, M.D.                            |                        |                    |
| Street Address<br>33 Staniford Street                                                                                                                      |             |                                                        | Street Address<br>33 Staniford Street                               |                        |                    |
| City<br>Providence                                                                                                                                         | State<br>RI | Zip<br>02905                                           | City<br>Providence                                                  | State<br>RI            | Zip<br>02905       |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                                        |                                                                     |                        |                    |
| Director Name<br>Kevin S. Palumbo, M.D.                                                                                                                    |             |                                                        | Director Name                                                       |                        |                    |
| Street Address<br>33 Staniford Street                                                                                                                      |             |                                                        | Street Address                                                      |                        |                    |
| City<br>Providence                                                                                                                                         | State<br>RI | Zip<br>02905                                           | City                                                                | State                  | Zip                |
| Director Name                                                                                                                                              |             |                                                        | Director Name                                                       |                        |                    |
| Street Address                                                                                                                                             |             |                                                        | Street Address                                                      |                        |                    |
| City                                                                                                                                                       | State       | Zip                                                    | City                                                                | State                  | Zip                |
| 9. SHARES AUTHORIZED                                                                                                                                       |             |                                                        | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                        |                    |
| 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<br>1000                                            | Class/Series<br>Common | Par Value<br>\$.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.

**FILED**

File Date **FEB 17 2009**  
Check No. **BY 1784**  
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 Date **1-21-09**  
Kevin S. Palumbo, M.D.  
Print or Type Name  
President  
Title