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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.	2. Name of Corporation
140019	Lisa A. Mueller, 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 in the practice of medicine.

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

President Name	Vice President Name
Lisa A. Mueller, M.D.	
Street Address: 33 Staniford Street	Street Address:
City: Providence; State: RI; Zip: 02905	City; State; Zip:
Secretary Name: Lisa A. Mueller, M.D.	Treasurer Name: Lisa A. Mueller, M.D.
Street Address: 33 Staniford Street	Street Address: 33 Staniford Street
City: Providence; State: RI; Zip: 02905	City: Providence; State: RI; Zip: 02905

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

Director Name	Director Name
Lisa A. Mueller, M.D.	
Street Address: 33 Staniford Street	Street Address:
City: Providence; State: RI; Zip: 02905	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
1000	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.

[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.

[redacted] *Signature* 1/20/09 *Date*

Lisa A. Mueller, M.D., Inc.
Print or Type Name

[redacted] President
Title

File Date FILED
Check No. FEB 17 2009
By: By 1776
FOR SECRETARY OF STATE USE ONLY

31257-8-348445

Form 630 Rev. 08/08