



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(ccd)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 487533		2. Name of Corporation Dermatology Care Specialists, Inc.			
3. Street Address Principal Business Office 86 Crest Drive			City Cranston	State RI	Zip 02921
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Medical Practice					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Nomate T. Kpea			Vice President Name		
Street Address 86 Crest Drive			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name Nomate T. Kpea			Treasurer Name Nomate T. Kpea		
Street Address 86 Crest Drive			Street Address 86 Crest Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Nomate T. Kpea			Director Name		
Street Address 86 Crest Drive			Street Address		
City Cranston	State RI	Zip 02921	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) ☐		
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 100	Class/Series 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.

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
Nomate T. Kpea

Print or Type Name

President

Title

Date
2/12/09

FILED	
File Date	FEB 18 2009
Check No.	By 6052
By:	
FOR SECRETARY OF STATE USE ONLY	