



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St., 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

* 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. 140018
 2. Name of Corporation Joseph D. Pianka, M.D., Inc.
 3. Street Address Principal Business Office 33 STANIFORD STREET
 City PROVIDENCE State RI Zip 02905-
 4. Business Phone No. 4014218800
 5. State of Incorporation 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 Joseph D. Pianka MD Street Address 33 Staniford Street City Providence State RI Zip 02905	Vice President Name Street Address City State Zip
Secretary Name Joseph D. Pianka MD Street Address 33 Staniford Street City Providence State RI Zip 02905	Treasurer Name Joseph D. Pianka MD Street Address 33 Staniford Street 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 Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

9. SHARES AUTHORIZED			10. SHARES ISSUED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000		\$.01 PAR VALUE	1,000	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.



FILED

File Date FEB 20 2009
 Check No. By 3285
 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 of Officer [Signature] Date 1/31/09
 Joseph D. Pianka, MD
 Print or Type Name of Officer
 President
 Title of Officer