



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. 126207		2. Name of Corporation Santiago Medical Group, Inc.		
3. Street Address Principal Business Office 967 MINERAL SPRING AVENUE		City North Providence	State RI	Zip 02904
4. Business Phone No. (401) 312-0444		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island The practice of medicine and all other lawful business.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Miguel Fuentes, MD		Vice President Name Teresa Jeraldo, MD		
Street Address 26 Alumni Avenue		Street Address 26 Alumni Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI
Secretary Name Miguel Fuentes, MD		Treasurer Name Teresa Jeraldo, MD		
Street Address 26 Alumni Avenue		Street Address 26 Alumni Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Miguel Fuentes, MD		Director Name Teresa Jeraldo, MD		
Street Address 26 Alumni Avenue		Street Address 26 Alumni Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Providence	RI	02906	Providence	RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Providence	RI	02906	Providence	RI
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 200	Class/Series Common	Par Value \$2.00

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

MAR 05 2009

File Date
Check No.
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: Miguel Fuentes, MD Date: 3/2/09
Print or Type Name: Miguel Fuentes, MD
Title: President