



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. 139723		2. Name of Corporation Michael J. Baccari, M.D., Inc.						
3. Street Address Principal Business Office 1445 Reservoir Avenue		67 Atwood Avenue		City Cranston,	State RI	Zip 02920		
4. Business Phone No.		5. State of Incorporation Rhode Island						
6. Brief Description of the Character of Business Conducted in Rhode Island For the practice of internal medicine, excluding surgery.								
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS								
President Name Michael J. Baccari			Vice President Name					
Street Address 1445 Reservoir Avenue			Street Address					
City Cranston,		State RI	Zip 02920	City		State	Zip	
Secretary Name Michael J. Baccari			Treasurer Name Michael J. Baccari					
Street Address same			Street Address same					
City		State	Zip	City		State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS								
Director Name None			Director Name					
Street Address			Street Address					
City		State	Zip	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 100	Class/Series Common	Par Value No Par Value
						THIS SECTION MUST BE COMPLETED		

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
MAR 04 2009

Check No.
By 1440

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

Michael J. Baccari

Print or Type Name

President

Title