

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 ,	,	(					
1. Corporate ID No. 65682	2. Name of Corporation Sudhir Bansal, M	1.D., Inc.								
3. Street Address Principal Business 215 Tollgate Road, Suite	Office 309		City Warwick	State RI	<sup>Zip</sup> 02886					
4. Business Phone No. 401-732-6828										
6. Brief Description of the Character To engage in the practice o	f medicine									
7. NAMES AND ADDRESSES President Name Sudhir Bansal, M.D.	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) TILL IN SI Vice President Name Sudhir Bansal, M.D.	PACES BEFORE USING	ATTACHMENTS					
Street Address 215 Tollgate Road, Suite	309		Street Address 215 Tollgate Road, S	Suite 309						
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02886	City Warwick	State RI	<sup>Zip</sup> 02886					
Secretary Name Sudhir Bansal, M.D.			Treasurer Name Sudhir Bansal, M.D.							
Street Address See above		. <u> </u>	Street Address See above							
City	State	Zip	City	State	Zip					
8. NAMES AND ADDRESSES Director Name Sudhir Bansal, M.D.	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT)   FILL IN Director Name	SPACES BEFORE USIN	G ATTACHMENTS					
Street Address See above			Street Address							
City	State	Zip	City	State	Zip					
Director Name	. J	J	Director Name							
treet Address			Street Address							
City	State	Zip	City	State	Zip					
9. SHARES AUTHORIZED			10. SHARES ISSUED ISSUED SHARES — THIS SEC							
	his information is currently of record in the Office of the Secretary of			Class/Series	Par Value					
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	no par value					
			rijāri bilītī	reja Jouin John He	G(x)					
This report must be executed this report must be executed	on behalf of the corp	oration by an authorized	d representative. If the co	rporation is in the hand	s of a receiver or trustee,					

				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	770.00			_		_		-		•				•
			11.5:17	20.				100							10.00	- 1		٠.
					17.511	9.5	5		131			4						
												2.5					1000	
	* * * * * * * * * * * * * * * * * * * *		2.3	23°22		26 64												
	1 .737					10.00					i.,							
		*****		143.5		2373									- 1			
· -	A		_			-	_											
* <i>f 1/t</i>	10						TR.	1777	.2.27	. :	.;:::::::::::::::::::::::::::::::::::::			4.47				
	-						_	1150			1:1 .							ď
		111111	100	-	111			13:5	141			,						٠.
		1 3				-	_	******						11.7		22.7		
22.27 12	227.17			3.79					2.0	** *	1	1.1.3						
			. 12525	21.10												. 16		
								1991			7 47		:: .	1.1				
*::::::::::::::::::::::::::::::::::::::	272				24.52	- 23												
	1	2	31.00		A3327	2 3	· G ·				. :					44.7		
COLUMN CO	dan com				2.00					15	1	40.00	f			- 22		
	, E+				111	17 1 10	-	-11	_									_
			13.00		-		1.11		0.0	11.			:.:					
******					- 24								150				**	
	1.0		1000	•		11.		- 77		2 .								
			14. K : (									2				- 1		
		45 ***	2 7 2 2	20		· .	100	- "										
	2,0000		1337	·**	1.0000	31.22	25 12	•		-								
			3.11	, , , , , , , ,		~		, ,	, TT	<b>/</b> :		10.00					6. 1	
1 14.							100				. ,							
				******				_	-					***			<del></del>	-
			*. ::		A 33		•		•	100	227	Com						
). · •					. :				<i>z</i> .								22.5	
· - 40				200							٠.							
					4			_/				1.00	125	3773				
16:	- D	COLUMN TO SHE			20.00	A 2 1 1 2	<b>T</b> 12			T	rec	T 2	111		1.00			
		C-16	-DEA	161	ıА	TVY	v	:L2:	. / 1	13		r t	J. V.	ESSE.	. 7.5		ist or	
		7.70			7.7.					-		_ ~	7					
			217922			(												
	Da ck N	Date _	Date ck No MA I For	DaneE	Date FILE	Dane — FILE ck.No. MAR 0 5	CANOMAR 0 5 2	CANO MAR 0 5 200	CA NO MAR 0 5 2009	CA NO MAR 0 5 2009	Date FILED  CA NO MAR 0 5 2009  FOR SECRETARY OF STATE	CA NO MAR 0 5 2009	CANO MAR 0 5 2009	CA NO MAR 0 5 2009	Date FILED  CA NO MAR 0 5 2009  FOR SECRETARY OF STATE USE ONLY	ck No. MAR 0 5 2009	CA NO MAR 0 5 2009	CANO MAR 0 5 2009

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.

Variable 2	19	09
Signature	Date	1

Sudhir Bansal, M.D.

Print or Type Name

President

Title