

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. 7-1.2-15	i01(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(e&d)) is
subject to a penalty fee of \$25.00.	
1. Corporate ID No.	2. Name of Corporation

135371		JOSEPH P. TURNER, D.O., Ltd.				
) Sirvet Address Principal Bu 177 SHENANDOAH	siness Office I ROAD	- William and a second	WARWICK	State RI	7.ip 02886	
Gusiness Phone No. 401-884-2874		5 State of Incorporation RHODE ISLAND				
6 Brief Description of the Chil TO ENGAGE IN THE	racter of Business Condi GENERAL PRACT	icted in Rhode Island ICE OF MEDICINE AND OS	TEOPATHY AND RELATED SERVICES  ACHMENT) THILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  Joseph P. Turner			
7. NAMES AND ADDRI President Name Joseph P. Turner	esses of the off	ICERS: ("X" BOX FOR ATTA				
Street Address 177 Shenandoah Ro				Street Address 177 Shenandoah Road		
<sup>⊘ir)</sup> Warwick	State RI	<sup>жу</sup> 02886	City Warwick	Stat. RI	24 02886	
Secretary Name Joseph P. Turner			Treasurer Name Joseph P. Turner			
Street Address 177 Shenandoah Ro	t Address 7 Shenandoah Road			Street Address 177 Shenandoah Road		
ार Warwick	State RI	<sup>Zip</sup> 02886	City Warwick	State RI	<sup>Zip</sup> 02886	
8. NAMES AND ADĎRI Openat Nama	SSES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT) TILL 1  Director Name	IN SPACES BEFORE USIN	G ATTACHMENTS	
Joseph P. Turner			Director Name			
Street Address				Street Address		
177 Shenandoah Ro	State	Zip	City	State	Zip	
Warwick	RI	02886			71	
Director Name			Director Name		<b>7</b> 100	
Street Address	vet Address			Street Address		
City	State	Zip	City	State	kip	
9. SHARES AUTHORIZ	ED .		10. SHARES ISSUED ISSUED SHARES — THIS S	D <i>("X" BOX FOR ATTAC</i> SECTION <u>MUST</u> BE COMPLETED	IIMENTS TO	
This information is cur	rently of record in t	he Office of the Secretary of	Number of Shares	Class/Series	Far Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	No Par	
This report must be exe	cuted on behalf of t	he corporation by an authorize	ed representative. If the	corporation is in the hand	s of a receiver or trustee.	
this report must be exec	uted on behalf of th	ne corporation by the receiver	or trustee.			
			Under penalty of	perjury, I declare and affirm	that I have examined this repor	
	2 40		including any ac- contained herein	companying schedules and st are true and correct. /	atements, and that all statemen	
File Date	-3-09		Joseph P. Turner			
Charle Ma	59719					
Check No.	mins	$\overline{a}$				
Ву:	//////		Print or Type Name			
FOR SECRETARY	OF STATE USE ONLY		President			
			Title		Form 630 Rev. 08/08	