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.	2. Name of Corporation
101805	T.J.P., M.D., INC.

3. Street Address Principal Business Office	City	State	Zip
4474 Post Road	Warwick	RI	02818

4. Business Phone No.	5. State of Incorporation
401-732-6655	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
To engage in the general practice of psychiatry

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Thomas J. Paolino, Jr.	Thomas J. Paolino, Jr.
Street Address: 4474 Post Road	Street Address: 4474 Post Road
City: Warwick, State: RI, Zip: 02818	City: Warwick, State: RI, Zip: 02818
Secretary Name: Thomas J. Paolino, Jr.	Treasurer Name: Thomas J. Paolino, Jr.
Street Address: 4474 Post Road	Street Address: 4474 Post Road
City: Warwick, State: RI, Zip: 02818	City: Warwick, State: RI, Zip: 02818

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Thomas J. Paolino, Jr.	Ronald Deroche
Street Address: 4474 Post Road	Street Address: 85 Hope Street
City: Warwick, State: RI, Zip: 02818	City: Cumberland, State: RI, Zip: 02864
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
2000	Common	None
100	Common	None

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.

[redacted]

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.

Tom Paolino MD — Date: 2/19/9

[redacted]

Dr. Thomas J. Paolino
4474 Post Rd.
E. Greenwich, RI 02818-4124

[redacted]

Title: President

File Date: FILED
Check: MAR 06 2009
By: 86036
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08