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. 306494	2. Name of Corporation: VINCENT A. D'ALESSANDRO MD, INC.
3. Street Address Principal Business Office: 1857 ATWOOD AVENUE	City: JOHNSTON; State: RI; Zip: 02919
4. Business Phone No.: 401-231-3300	5. State of Incorporation: RHODE ISLAND
6. Brief Description of the Character of Business Conducted in Rhode Island: OFFICE OF PHYSICIAN	

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

President Name: VINCENT A. D'ALESSANDRO	Vice President Name: NONE
Street Address: 1857 ATWOOD AVENUE	Street Address:
City: JOHNSTON; State: RI; Zip: 02919	City: ; State: ; Zip:
Secretary Name: NONE	Treasurer Name: NONE
Street Address:	Street Address:
City: ; State: ; Zip:	City: ; State: ; Zip:

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **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

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
1,000	STK	.01

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]

[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.

Vincent A. D'Alessandro MD
Signature *Date*

VINCENT A. D'ALESSANDRO, M.D.
Print or Type Name

[redacted] PRESIDENT
Title

File Date FILED
Check No. MAR 17 2009
By: By 12705
FOR SECRETARY OF STATE USE ONLY

31623-6-356661

Form 630 Rev. 08/08