



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. 94264		2. Name of Corporation Geret A. Dubois, M.D., Inc.			
3. Street Address Principal Business Office 330 Cottage Street (mailing address: PO Box L, Pawt., RI			City Pawtucket	State RI	Zip 02860
4. Business Phone No. 723-8300		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO RENDER MEDICAL SERVICES AS ORTHOPEDIC PHYSICIANS AND SURGEONS.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Geret A. Dubois, MD			Vice President Name NONE		
Street Address 330 Cottage Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Geret A. Dubois, M.D.			Treasurer Name Geret A. Dubois, M.D.		
Street Address 330 Cottage Street			Street Address 330 Cottage Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMMON NO PAR VALUE			50	COMMON	NO PAR VALUE

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 CORPORATIONS DIV
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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

MAR 24 2009

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

By: Geret A. Dubois
 84560

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: Geret A. Dubois, MD Date: 3/19/09
 Print or Type Name: _____
 Title: President