



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

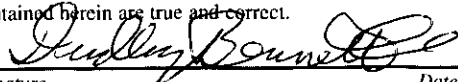
**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* 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. 2279		2. Name of Corporation THE MEDICAL GROUP OF RHODE ISLAND, INC.			
3. Street Address Principal Business Office 1050 WARWICK AVENUE			City WARWICK	State RI	Zip 02888
4. Business Phone No. 401-467-6210		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island RENDERING PROFESSIONAL MEDICAL SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DUDLEY E BENNETT			Vice President Name JOHN LOWNEY		
Street Address 50 CARDINAL LANE			Street Address 41 KING PHILIP CIRCLE		
City E GREENWICH	State RI	Zip 02818	City WARWICK	State RI	Zip 02888
Secretary Name JOHN LOWNEY			Treasurer Name DUDLEY E BENNETT		
Street Address 41 KING PHILIP CIRCLE			Street Address 50 CARDINAL LANE		
City WARWICK	State RI	Zip 02888	City E GREENWICH	State RI	Zip 02818
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DUDLEY E BENNETT			Director Name JOHN LOWNEY		
Street Address 50 CARDINAL LANE			Street Address 41 KING PHILIP CIRCLE		
City E GREENWICH	State RI	Zip 02818	City WARWICK	State RI	Zip 02888
Director Name			Director Name		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 200	Class/Series COMMON	Par Value NO PAR
			THIS SECTION MUST BE COMPLETED		

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.

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.

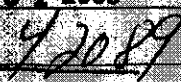
  
Signature \_\_\_\_\_ Date 3/30/09

DUDLEY E BENNETT

Print or Type Name

PRESIDENT

Title

File Date	<b>FILED</b>
Check	<b>MAR 31 2009</b>
By	
FOR SECRETARY OF STATE USE ONLY	