



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.**

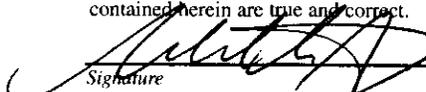
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

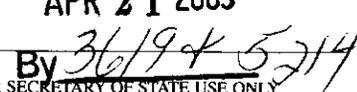
1. Corporate ID No. 94429		2. Name of Corporation Michael E. Migliori, MD, LTD.		
3. Street Address Principal Business Office 120 Dudley Street			City Providence	State RI
4. Business Phone No. (401) 274-5844		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island To engage in and render professional services as a physician and surgeon.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Michael E. Migliori, MD., FACS		Vice President Name Michael E. Migliori, MD., FACS		
Street Address 120 Dudley Street		Street Address 120 Dudley Street		
City Providence	State RI	Zip 02905	City Providence	State RI
Secretary Name Michael E. Migliori, MD., FACS		Treasurer Name Michael E. Migliori, MD., FACS		
Street Address 120 Dudley Street		Street Address 120 Dudley Street		
City Providence	State RI	Zip 02905	City Providence	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Michael E. Migliori, MD., FACS		Director Name		
Street Address 120 Dudley Street		Street Address		
City Providence	State RI	Zip 02905	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
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.		Number of Shares 100	Class/Series Common	Par Value No Par Value

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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.

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: 3/14/09  
 Michael E. Migliori, MD., FACS  
 Print or Type Name  
 President  
 Title

File Date **FILED**  
 Check No. **APR 21 2009**  
 By:   
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