



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. 82667		2. Name of Corporation Karen L. Kerman, M.D., Incorporated			
3. Street Address Principal Business Office c/o RHODE ISLAND HOSPITAL, 593 EDDY STREET		City PROVIDENCE		State RI	Zip 02903
4. Business Phone No. 4014444078		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island DELIVERY OF MEDICAL SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KAREN L. KERMAN, M.D.			Vice President Name NONE		
Street Address C/O RHODE ISLAND HOSPITAL, 593 EDDY STREET			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Secretary Name KAREN L. KERMAN, M.D.			Treasurer Name KAREN L. KERMAN, M.D.		
Street Address C/O RHODE ISLAND HOSPITAL, 593 EDDY STREET			Street Address C/O RHODE ISLAND HOSPITAL, 593 EDDY STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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 VALUE

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

KAREN L. KERMAN, M.D.

Print or Type Name

PRESIDENT

Title

File Date	4-21-09
Check No.	2506
By:	mmc
FOR SECRETARY OF STATE USE ONLY	

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