



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 02904-2611
401.222.304

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. 000001012	2. Name of Corporation Edward P Andersen MD Ltd		
3. Street Address Principal Business Office 78 Juniper Lane W. PO Box 463	City So Chatham	State Ma	Zip 02659
4. Business Phone No. 508 430 0493	5. State of Incorporation RI		

6. Brief Description of the Character of Business Conducted in Rhode Island

Medical, Ophthalmology

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

President Name Edward P Andersen MD	Vice President Name none
Street Address PO Box 463	Street Address
City So Chatham	City
State Ma	State
Zip 02659	Zip
Secretary Name none	Treasurer Name none
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name none	Director Name none
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name none	Director Name none
Street Address	Street Address
City	City
State	State
Zip	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
8000	STK	\$1.00

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

JUN 02 2009

File Date By EDP
Check No. 600854
By: EDP
FOR SECRETARY OF STATE USE ONLY

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 Edward P Andersen MD Date 5-20-09
Print or Type Name Edward P Andersen MD
Title President