

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, Rt 02904-2615

101.222.3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • Filing Fee: \$20.00' • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

primary fit by \$25.00.							
1. Corporate 10 No.	2. Name of Cor	2. Name of Corporation					
39210	Cranston N	Cranston Medical Associates Condominium Center, Inc.					
3. State of Incorporation		ldress in Rhode Island - Street	City	Zip			
Rhode Island	725 Reser	voir Avenue		Cranston	02910		
5 Foreign corporation, Enter principal office address			(Cu) <sup>1</sup>	State	7ip		
6 Brief Description of the char	racter of the affairs whi	ch are actually conducted in k	hode Island				
The operation and mar							
7. NAMES AND ADDRE	SSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [ FILL IN SP	ACES REFORE LISING ATT	'ACHMENTS		
President Name		•	Vice President Name				
Julian Marcello			Patrick Brannon, M.D.				
Street Address			Street Address				
725 Reservoir Avenue			725 Reservoir Avenue, Suite 101				
Ciţi	State	Z.(p)	City	State	Zip		
Cranston	RI	02910	Cranston	RI	02910		
Secretary Name			Treasurer Name				
A. Louis Mariorenzi, I	M.D.		A. Louis Mariorenzi, M.D.				
Street Address			Street Address				
725 Reservoir Avenue, Suite 101			725 Reservoir Avenue, Suite 101				
City	State	Zip	G h	State	Zip		
Cranston	RI	02910	Cranston	RI	02910		
8. NAMES AND ADDRE	SSES OF THE DII	RECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SE	PACES BEFORE USING ATT	ACHMENTS		
THE NUMBER OF DIRI	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION <u>SHAL</u>	L NOT BE LESS THAN TH	REE (3), R.I.G.L. 7-6-23		
Director Name			Director Name				
A. Louis Mariorenzi, M.D.			Robert P. Sarni				
Street Address			Street Address				
725 Reservoir Avenue, Suite 101			725 Reservoir Avenue				
City	State	Zip	<i>Ct</i> ήι	State	Ziţ		
Cranston	RI	02910	Cranston	RI	02910		
Director Name Patrick Brannon, M.D	•		Director Name				
Street Address	·						
725 Reservoir Avenue, Suite 101			Street Address				
city	State	Zip.	- Ctry	10. 7			
Cranston	RI	02910	Ciaj	State	Zip		
9. REGISTERED AGENT		ND	,	i	1		
This information is currer	ntly of record in the	e Office of the Secretary o	of State. Changes require filing	of Form 641 - R LG L. 7-6-	13/7-6-78		
			e President, Secretary, Assist				
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	FILED
File Date _ Check No	JUN 02 2009
By:	By_1,349

39210

Under penalty of perjury, I declare and affirm the report, including any accompanying schedules and	
statements contained herein are true and correct.	5-12-09
Signature of Officer	0 -10 701
Signature of Officer	Date
Julian Marcello	
Print or Type Name of Officer	
<u>President</u>	
Title of Officer	
	Form 631 Rev. 09/17