

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: 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 constant for the subject to a constant for the

penalty fee of \$25.00.						
L. Corporate ID No.	2. Name of Corp	oration				
42014		Palomar Group, Inc.				
3. State of Incorporation	4. Corporate ado	lress in Rhode Island - Street A	lddress	City	Zip	
RI	101 Dudley	Street		Providence	02905	
5. Foreign corporation. Ente	er principal office addre	S.	City	State	Zip	
n/a						
6. Brief Description of the char	acter of the affairs whic	h are actually conducted in Rl	oode Island			
Conduct of Non-Profit	Ancillary Health Ca	are Services				
7. NAMES AND ADDRI	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) 🗌 FILL IN SPA	CES BEFORE USING ATTA	CHMENTS	
President Name			Vice President Name			
Constance A. Howes	;					
Street Address			Street Address			
101 Dudley Street				<u> </u>		
City	State	Zip	City	State	$Z\psi$	
Providence	RI	02905				
Secretary Name			Treasurer Name			
Demosthenes A. Argys			Debra M. Paul			
Street Address		 '	Street Address			
101 Dudley Street			101 Dudley Street			
ζ <i>i</i> iμ	State	Zip	City	State	Zip	
Providnece	RI	02905	Providence	RI	02905	
			ATTACHMENT) TILL IN SPA			
THE NUMBER OF DIR	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION <u>SHALL</u>	<u>. NOT BE LESS THAN TIII</u>	<u>REE</u> (3). R.I.G.L. 7-6-2.	
Director Name			Director Name			
Constance A. Howes			Demosthenes A. Argys			
Street Address			Street Address			
101 Dudley Street			101 Dudley Street			
City:	State	Zip	GHy:	State	Zip	
Providence	RI	02905	Providence	RI	02905	
Director Name			Director Name			
Debra M. Paul						
Street Address			Street Address			
101 Dudley Street						
Сцу	State	Zip	City	State	Zip	
Providence	RI	02905	1			
9. REGISTERED AGEN	T IN RHODE ISLA	ND				
		Office of the Commission	of State Changes require filing	of Form 641 - RIG! 76	13/7-6-78	
This information is curr	ently of record in th	ie Office of the Secretary	of State. Changes require filing	OLFUIR 041 * K.I.Q.E. 7-0-	124 170770	
This renort	must be signed by	either the President. Vie	ce President, Secretary, Assist	ant Secretary, Treasurer, Re	eceiver or Trustee	
in report		,	*	÷		

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File Date 6 20 -0
Check No
By:
FOR SECRETARY OF STATE USE ONLY

42014

Under penalty of perjury, I declare and affirm that report, including any accompanying schedules and st	I have examined this tatements, and that all
Statements contained herein are true and correct. Constance A. Howes	6/23/09

Signature of Officer Date

Constance A. Howes

Print or Type Name of Officer

President