



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Professional Corporation  
Annual Report**

*Filing Period: January 1 - March 1*

*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.*

**ANNUAL REPORT YEAR:** 2009

**1. Corporate ID No.** 000102932

**2. Name of Corporation** A.W.C.R.I. Medical Group, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 407 EAST AVENUE, SUITE 150

City or Town: PAWTUCKET

State: RI Zip: 02860-5299 Country: USA

**4. Business Phone No.**

401-727-4800

**5. State of Incorporation**

State: RI

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

THE PROVISION OF HEALTH CARE BY LICENSED PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS TO PATIENTS.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	PABLO RODRIGUEZ MD	407 EAST AVENUE, SUITE 150 PAWTUCKET, , RI 02860 USA
TREASURER	JACQUELINE A. TETREALT MD	407 EAST AVENUE, SUITE 150 PAWTUCKET, , RI 02860 USA
SECRETARY	PABLO RODRIGUEZ MD	407 EAST AVENUE, SUITE 150 PAWTUCKET,, RI 02860 USA
VICE PRESIDENT	JACQUELINE A. TETREALT MD	407 EAST AVENUE, SUITE 150 PAWTUCKET,, RI 02860 USA

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.01	4,000.00	2145

**9. 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.**

**Signed this 13 Day of August, 2009 at 2:25:35 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By PABLO RODRIGUEZ, MD  
Signature of Authorized Representative of the Corporation

PRESIDENT / CEO  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

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