



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 2002

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. 111679		2. Name of Corporation Michael W. Lucarelli, D.O., Inc.			
3. Street Address Principal Business Office 7260 Post Road			City North Kingstown	State RI	Zip 02852
4. Business Phone No. 401-471-6850		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Provision of medical services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael W. Lucarelli, D.O.			Vice President Name		
Street Address 7260 Post Road			Street Address:		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Michael W. Lucarelli, D.O.			Treasurer Name Michael W. Lucarelli, D.O.		
Street Address 7260 Post Road			Street Address 7260 Post Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael W. Lucarelli, D.O.			Director Name		
Street Address 7260 Post Road			Street Address		
City North Kingstown	State RI	Zip 02852	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) <input type="checkbox"/>					
ISSUED SHARES --- THIS SECTION MUST BE COMPLETED					
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.		Number of Shares	Class Series	Par Value	
		1,000	common	\$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

File Date **OCT 02 2009**
By **100362**
Check No. _____
By: **KMC**
FOR SECRETARY OF STATE USE ONLY

12:56

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.

Michael W. Lucarelli 9/30/09
Signature Date
Michael W. Lucarelli, D.O.
Print or Type Name
President
Title