



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 2010

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. 162407		2. Name of Corporation Franklin E. Mirrer, M.D. Orthopaedic Surgeon, Inc.			
3. Street Address Principal Business Office 215 Tollgate Road, Suite 206			City Warwick	State RI	Zip 02886
4. Business Phone No. (401) 739-9050		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To engage in the paractice of a physician					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Franklin E. Mirrer, M. D.			Vice President Name		
Street Address 215 Tollgate Road, Suite 206			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Franklin E. Mirrer, M. D.			Treasurer Name Franklin E. Mirrer, M. D.		
Street Address 215 Tollgate Road, Suite 206			Street Address 215 Tollgate Road, Suite 206		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Franklin E. Mirrer, M. D.			Director Name		
Street Address 215 Tollgate Road, Suite 206			Street Address		
City Warwick	State RI	Zip 02886	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	
		100	common	none	

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.

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 _____ Date 1/4/09
Franklin E. Mirrer, M. D.

Print or Type Name

President

Title

File Date **FILED**
Check No. JAN 07 2010
By: 1396
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