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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.	2. Name of Corporation		
18150	ALEXANDER PHILIPS, M.D., INC.		
3. Street Address Principal Business Office	City	State	Zip
20 CUMBERLAND HILL ROAD	WOONSOCKET	RI	02895
4. Business Phone No.	5. State of Incorporation		
(401) 766-2970	RHODE ISLAND		

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

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
ALEXANDER PHILIPS, M.D.	PHILIP A. PHILIPS, M.D.
Street Address: 20 CUMBERLAND HILL ROAD	Street Address: 20 CUMBERLAND HILL ROAD
City: WOONSOCKET State: RI Zip: 02895	City: WOONSOCKET State: RI Zip: 02895
Secretary Name: ALEXANDER PHILIPS, M.D.	Treasurer Name: ALEXANDER PHILIPS, M.D.
Street Address: 20 CUMBERLAND HILL ROAD	Street Address: 20 CUMBERLAND HILL ROAD
City: WOONSOCKET State: RI Zip: 02895	City: WOONSOCKET State: RI Zip: 02895

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. SHARES AUTHORIZED

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.

600 NO PAR VALUE

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	COMMON	WITHOUT PAR VALUE

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.

[redacted]

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* 1/26/10

ALEXANDER PHILIPS, M.D.
Print or Type Name

PRESIDENT
Title

[redacted]

FILED
File Date
FEB 01 2010
Check No.
By: BV 9881
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08

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