



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. 4398		2. Name of Corporation Elie J. Cohen, M.D., Inc.			
3. Street Address Principal Business Office 136 Rhode Island Avenue			City Newport	State RI	Zip 02840
4. Business Phone No. 401.849.6446		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Medical & Health Services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Elie J. Cohen, M.D.			Vice President Name Elie J. Cohen, M.D.		
Street Address 96 Old Beach Road			Street Address 96 Old Beach Road		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Elie J. Cohen, M.D.			Treasurer Name Elie J. Cohen, M.D.		
Street Address 96 Old Beach Road			Street Address 96 Old Beach Road		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			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					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares		Class/Series		Par Value	
100		Common		\$1.00	
THIS SECTION MUST BE COMPLETED					

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 Elie J. Cohen Date 2/03/2010
Print or Type Name ELIE J. COHEN
Title PRESIDENT

File Date	<u>2-5-2010</u>
Check No.	<u>10578</u>
By	<u>MNC</u>
FOR SECRETARY OF STATE USE ONLY	

2/5/2010
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MNC