



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. 102043		2. Name of Corporation Children First Pediatrics, Inc.			
3. Street Address Principal Business Office 6 Blackstone Valley Place, Building 700			City Lincoln	State RI	Zip 02865
4. Business Phone No. 401-334-6200		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Providing medical services to the general public					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Roxanne Marie Simmons, MD			Vice President Name Roxanne Marie Simmons, MD		
Street Address 160 John Rezza Drive			Street Address 160 John Rezza Drive		
City North Attleboro	State MA	Zip 02760	City North Attleboro	State MA	Zip 02760
Secretary Name Roxanne Marie Simmons, MD			Treasurer Name Roxanne Marie Simmons, MD		
Street Address 160 John Rezza Drive			Street Address 160 John Rezza Drive		
City North Attleboro	State MA	Zip 02760	City North Attleboro	State MA	Zip 02760
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 600 No Par			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 100	Class/Series Common	Par Value No Par

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.

File Date	<b>FILED</b>
Check No.	<b>FEB 17 2010</b>
By:	<b>2299</b>
FOR SECRETARY OF STATE USE ONLY	

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.

*Roxanne Marie Simmons*  
Signature Date **2/31/10**  
Roxanne Marie Simmons, MD  
Print or Type Name  
President  
Title