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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.: 80253	2. Name of Corporation: Primary Care of Northern Rhode Island, Inc.

3. Street Address Principal Business Office	City	State	Zip
400 East Putnam Pike, Suite E	Smithfield	RI	02917

4. Business Phone No.	5. State of Incorporation
401-232-7001	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
To provide primary care medical services to patients requesting such services.

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

	Name	Street Address	City	State	Zip
President	Daniel H. Halpren-Ruder, M.D., Ph.D.	400 East Putnam Pike, Suite E	Smithfield	RI	02917
Vice President	None				
Secretary	Daniel H. Halpren-Ruder, M.D., Ph.D.	400 East Putnam Pike, Suite E	Smithfield	RI	02917
Treasurer	Daniel H. Halpren-Ruder, M.D., Ph.D.	400 East Putnam Pike, Suite E	Smithfield	RI	02917

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

Director Name	Street Address	City	State	Zip
Daniel H. Halpren-Ruder, M.D., Ph.D.	400 East Putnam Pike, Suite E	Smithfield	RI	02917
None				

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	$0.01

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: FILED
Check No.: FEB 1 9 2010
By: 45560-02-4904 1 239
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.

Signature: [signature] Date: 2/10/10

Daniel Halpren-Ruder, M.D., Ph.D.
Print or Type Name

President
Title

Form 630 Rev. 08/08