



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)(7d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |             |                                                                  |                                                                     |              |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------|---------------------------------------------------------------------|--------------|--------------|
| 1. Corporate ID No.<br>109795                                                                                                                              |             | 2. Name of Corporation<br>Northern Rhode Island Pediatrics, Inc. |                                                                     |              |              |
| 3. Street Address Principal Business Office<br>2140 Mendon Road, Suite 201                                                                                 |             |                                                                  | City<br>Cumberland                                                  | State<br>RI  | Zip<br>02864 |
| 4. Business Phone No.                                                                                                                                      |             | 5. State of Incorporation<br>Rhode Island                        |                                                                     |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>TO ENGAGE IN THE PRACTICE OF PEDIATRIC MEDICINE                             |             |                                                                  |                                                                     |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                                                  |                                                                     |              |              |
| President Name<br>Lynn M. Smith, M.D.                                                                                                                      |             |                                                                  | Vice President Name<br>Pasquale Malafronte, M.D.                    |              |              |
| Street Address<br>2140 MENDON ROAD SUITE 201                                                                                                               |             |                                                                  | Street Address<br>2140 MENDON ROAD SUITE 201                        |              |              |
| City<br>CUMBERLAND                                                                                                                                         | State<br>RI | Zip<br>02864                                                     | City<br>CUMBERLAND                                                  | State<br>RI  | Zip<br>02864 |
| Secretary Name<br>Pasquale Malafronte, M.D.                                                                                                                |             |                                                                  | Treasurer Name<br>Lynn M. Smith, M.D.                               |              |              |
| Street Address<br>2140 MENDON ROAD SUITE 201                                                                                                               |             |                                                                  | Street Address<br>2140 MENDON ROAD SUITE 201                        |              |              |
| City<br>CUMBERLAND                                                                                                                                         | State<br>RI | Zip<br>02864                                                     | City<br>CUMBERLAND                                                  | State<br>RI  | Zip<br>02864 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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                                                                                                                                       |             |                                                                  | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |              |
| 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. |             |                                                                  | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |              |              |
|                                                                                                                                                            |             |                                                                  | Number of Shares                                                    | Class/Series | Par Value    |
|                                                                                                                                                            |             |                                                                  | 200                                                                 | Common       | 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.

FILED

FEB 23 2010

By: *[Signature]*

29-111870

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

Lynn M. Smith, M.D.

Print or Type Name

President

Title

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

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