

A. Ralph Mollis, Secretary of Star Corporations Divisio 148 W. River Stree

Providence, RI 02904-261

Form 630 Rev. 08/08

401.222.304

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.I. 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.I., 7-1.2-150).

ubject to a penalty fee of \$25.0	20	y a garagang sayan sa	mun report union iniriy (50) till	is agreer the time prescribed by	ши (К.І.С.І. /-1.2-1501(сен)) и	
1. Corporate ID No. <b>7581</b>	DAVID J.	2. Name of Corporation DAVID J. DISANTO, M.D., INC.				
3. Street Address Principal Business Office 2464 Pawtucket Avenue			East Providence	State RI	7.ip 02914	
1. Business Phone No. 5. State of Incorporation (401) 431-0226 Rhode Island				02314		
5. Brief Description of the Char To render professional	racter of Business Condi- services by those	authorized to practice medic	ine.			
		ICERS: ("X" BOX FOR ATTA	(CHMENT)   FILL IN S	PACES BEFORE USING	G ATTACHMENTS	
David J. DiSanto			Vice President Name  David J. DiSanto			
Street Address 2464 Pawtucket Avenue			Street Address 2464 Pawtucket Avenue			
City: East Providence	State RI	7ψ 02914	City East Providence	State RI	շտ 02914	
Secretary Name David J. DiSanto			Treasurer Name David J. DiSanto			
Street Address 2464 Pawtucket Avenue			Street Address 2464 Pawtucket Avenue			
cuy East Providence	State RI	<sup>Zip</sup> 02914	City East Providence	State RI	<i>χφ</i> <b>02914</b>	
3. NAMES AND ADDRES  Director Name	SSES OF THE DIRE	ECTORS: ("X" BOX FOR ATA	ACHMENT) [ FILL IN	SPACES BEFORE USIN	NG ATTACHMENTSI:	
None			Director Name None		<b>3</b> 88	
Street Address			Street Address G TO			
Спу	State	Ζip	City	State	<b>2</b>	
Director Name None			Director Name			
Street Address			None Street Address		<u>3: 0 →                                  </u>	
$\cap u_V$	State	Zip	<i>Clly</i>		<b>-</b>	
		17.4	Cay	State	Zip	
). SHARES AUTHORIZEI	D		10. SHARES ISSUED ( ISSUED SHARES — THIS SECT			
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 Shaves	Class/Series	Par Value	
			100	Common	No Par	
This report must be execu	nted on behalf of th	e corporation by an authorize	d representative. If the cor	poration is in the hand	s of a receiver or trustee.	
ms report must be execut	ed on behalf of the	corporation by the receiver of	or trustee.		,	
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			Under penalty of per	jury, I declare and affirm	that I have examined this repor	
- 10 A	10000		including any kiccom containdd he ein are	panying schedules and sta grue and correct.	ntements, and that all statemen	
File Date & 20	2010		<u> </u>	14 2/	22/13	
Check No	92		Signature	<i>/</i>	Date	
KM C			David J. DiSanto, M.D.  Print or Type Name			
FOR SECRETARY OF	CTATE HER ONLY		President			
TOROLONDINAT OF	STATE USE UNLY		Title		<u>,</u>	