

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02901-2615

401.222.3040

2010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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(&d)) is

subject to a penalty fee of \$25.00. 1. Corporate ID No. 2. Name of Corporation JOSEPH P. TURNER, D.O., Ltd. 135371 3. Street Address Principal Business Office State Gity WARWICK 177 SHENANDOAH ROÂD RΙ 02886 4. Business Phone No 5. State of Incorporation 401-884-2874 RHODE ISLAND 6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE GENERAL PRACTICE OF MEDICINE AND OSTEOPATHY AND RELATED SERVICES 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Joseph P. Turner Joseph P. Turner Street Address Street Address 177 SHENANDOAH ROAD 177 SHENANDOAH ROAD City 02886 Warwick RI 02886 Warwick RΙ Secretary Name Treasurer Name Joseph P. Turner Joseph P. Turner Street Address Street Address 177 SHENANDOAH ROAD 177 SHENANDOAH ROAD City State State Warwick 02886 02886 RΙ Warwick RI 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Joseph P. Turner Street Address Street Address 177 SHENANDOAH ROAD City ZipCity ZibWarwick 02886 RI Director Name Street Address Street Address State City State ZibZiti 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED ISSUED SHARES -- THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of 100 COMMON NO PAR instruction sheet. 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. File Date Check No. Joseph P. Turner Print or Type Name PRESIDENT FOR SECRETARY OF STATE USE ONLY