

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.

subject to a penalty fee of \$25.00.		ration failing or refusing to file its anni	report within thirty (30) a	ays after the time prescribed by lat	v (N.1.G.L. /-1,2-1)01(c04)/ 18	
1. Corporate ID No. 65682	2. Name of Corp. Sudhir Ban	2. Name of Corporation Sudhir Bansal, M.D., Inc.				
3. Street Address Principal Business Office 215 Tollgate Road			City Warwick	State RI	^{Zip} 02886	
4. Business Phone No. 401.732.6828 5. State of Incorporation Rhode Island						
6. Brief Description of the Characte To engage in the practice	of Medicine		.			
	S OF THE OFFI	CERS: ("X" BOX FOR ATTA	CHMENT) TILL IN Vice President Name	SPACES BEFORE USING	ATTACHMENTS	
President Name Sudhir Bansal			Sudhir Bansal			
Street Address 85 Lynn Circle			Street Address See above			
City East Greenwich	State RI	^{Zip} 02818	City	State	Zip	
Secretary Name Sudhir Bansal			Treasurer Name Sudhir Bansal			
Street Address See above			Street Address See above			
City	State	Zip	City	State	Zip	
8. NAMES AND ADDRESSE Director Name N/A	ES OF THE DIRE	CTORS: ("X" BOX FOR ATT	ACHMENT) FILL I Director Name	N SPACES BEFORE USIN	G ATTACHMENTS	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
Спу	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) Issued shares — this section <u>must</u> be completed			
This is formally a factor of	.16 1:_ 41	Office of the Country of	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 instruction sheet.			100	Common	no par value	
		ne corporation by an authorize e corporation by the receiver		corporation is in the hand	s of a receiver or trustee,	
	FII ED		Under penalty of		that I have examined this repor	

PILED	Under penalty of perjury, I declare and including any accompanying schedules		
File Date MAR 0 1 2010	contained herein are true and correct. Signature Signature		
Check No.	Sudhir Bansal, M.D. Print or Type Name		
FOR SECRETARY OF STATE USE ONLY	President Title		