



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. 69646		2. Name of Corporation PETER D. RUDDEN, LTD.		
3. Street Address Principal Business Office 1845 POST ROAD		City WARWICK	State RI	Zip 02888
4. Business Phone No. (401) 732-6112		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE ANESTHESIA SERVICES				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Peter D. Rudden		Vice President Name Peter D. Rudden		
Street Address 94 Hedge Row		Street Address 94 Hedge Row		
City Warwick	State RI	Zip 02888	City Warwick	State RI
Secretary Name Peter D. Rudden		Treasurer Name Peter D. Rudden		
Street Address 94 Hedge Row		Street Address 94 Hedge Row		
City Warwick	State RI	Zip 02888	City Warwick	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Peter D. Rudden		Director Name		
Street Address 94 Hedge Row		Street Address		
City Warwick	State RI	Zip 02888	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐				
AUTHORIZED SHARES				
Number of Shares	Class Series	Par Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐	
1,000	common	no par value	ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
			Number of Shares	Class Series
			100	common
				Par Value
				none

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

File Date _____

Check No. **FEB 26 2010**

By: **BY 4989**

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.

Peter D. Rudden **2-24-2010**
Signature Date
Peter D. Rudden
Print or Type Name
President
Title