

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 Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR DE 2010

| ,<br>12818<br>2818   | City East Greenwich  ACHMENT)  FILL IN State Vice President Name Sukanya Somasund Street Address 70 Walnut Drive City East Greenwich Treasurer Name Ponnandai S. Somas Street Address 70 Walnut Drive City East Greenwich Theasurer Name Ponnandai S. Somas Street Address 70 Walnut Drive City East Greenwich TACHMENT)  FILL IN: | state<br>RI<br>sundar, M.D.   | Zip<br>02818  |
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| Rhode Island e Island X" BOX FOR ATTA 22818  | ACHMENT)   FILL IN Si Vice President Name Sukanya Somasund Street Address 70 Walnut Drive City East Greenwich Treasurer Name Ponnandai S. Somas Street Address 70 Walnut Drive City East Greenwich City East Greenwich TACHMENT)   FILL IN   | PACES BEFORE USING ar, M.D.  State Ri  Sundar, M.D.   | G ATTACHMENTS  Zip 02818  |
| 2818   | Sukanya Somasund  Street Address 70 Walnut Drive  City East Greenwich  Treasurer Name Ponnandai S. Somas  Street Address 70 Walnut Drive  City East Greenwich  TACHMENT)  FILL IN  | state<br>RI<br>sundar, M.D.   | Zip<br>02818  |
| ,<br>12818<br>2818   | Sukanya Somasund  Street Address 70 Walnut Drive  City East Greenwich  Treasurer Name Ponnandai S. Somas  Street Address 70 Walnut Drive  City East Greenwich  TACHMENT)  FILL IN  | state<br>RI<br>sundar, M.D.   | Zip<br>02818  |
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| 2818   | East Greenwich  Treasurer Name Ponnandai S. Somas  Street Address 70 Walnut Drive  City East Greenwich  TACHMENT)  FILL IN   | sundar, M.D.  | 02818   |
| 2818   | Ponnandai S. Somas  Street Address 70 Walnut Drive  City East Greenwich  TACHMENT)  FILL IN  | State   | 100040  |
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| "X" BOX FOR AT   | TACHMENT)  FILL IN : Director Name   | SPACES BEFORE USIN  | NG ATTACHMENTS  |
| <del></del>  | •  |   |   |
| Address  Valnut Drive  State  Zip  |  |   |   |
| 2818   | City   | State   | Zip   |
|  | Director Name  |   |   |
| ······································   | Street Address   |   |   |
|  | Сиу  | State   | Zip   |
|  | : 10. SHARES ISSUED ( ISSUED SHARES — THIS SECT.   | [<br>"X" BOX FOR ATTACI<br>ION MUST BE COMBI ETTETS   | HMENT)  |
| 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. |  | Class/Series  | Par Value   |
|  |  | Common  | \$.01   |
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|  | the Secretary of on 9 of   | Director Name  Street Address  City  10. SHARES ISSUED ( ISSUED SHARES — THIS SECT Number of Shares on 9 of 100 | 2818  Director Name  Street Address  City  State  10. SHARES ISSUED ("X" BOX FOR ATTAC  ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares  Class/Series  100  Common |

including any accompanying schedules and statements, and that all statements contained herein are true and correct. Check No. Ponnandai S. Somasundar, M.D. Print or Type Name President FOR SECRETARY OF STATE USE ONLY Title