



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. 268421		2. Name of Corporation New England Pulmonary Medicine, Inc.			
3. Street Address Principal Business Office 63 Eddie Dowling Highway			City N. Smithfield	State RI	Zip 02896
4. Business Phone No. (401) 597-5622		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island the practice of pulmonary medicine					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Fadi Al Bilbeisi, MD			Vice President Name		
Street Address 63 Eddie Dowling Highway			Street Address		
City N. Smithfield	State RI	Zip 02896	City	State	Zip
Secretary Name Fadi Al Bilbeisi, MD			Treasurer Name Fadi Al Bilbeisi, MD		
Street Address 63 Eddie Dowling Highway			Street Address 63 Eddie Dowling Highway		
City N. Smithfield	State RI	Zip 02896	City N. Smithfield	State RI	Zip 02896
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Fadi Al Bilbeisi, MD			Director Name		
Street Address 63 Eddie Dowling Highway			Street Address		
City N. Smithfield	State RI	Zip 02896	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	common	\$.01	100	common	\$.01

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.

File Date 3-10-2010
Check No. 1053
By: MNC
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.

Fadi Bilbeisi 2/27/10
Signature Date
Fadi Al Bilbeisi, MD
Print or Type Name
President
Title