



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. 102471		2. Name of Corporation James E. McLennan, Ltd.		
3. Street Address Principal Business Office 145 MEETING STREET			City PROVIDENCE	State RI
4. Business Phone No. 401- 273-6163		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE MEDICAL SERVICES BY PHYSICIANS AUTHORIZED TO PRACTICE MEDICINE IN THE STATE OF RHODE ISLAND.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Karen McLennan		Vice President Name None		
Street Address 145 Meeting Street		Street Address		
City Providence	State RI	Zip 02906	City	State
Secretary Name Karen McLennan		Treasurer Name Karen McLennan		
Street Address 145 Meeting Street		Street Address 145 Meeting Street		
City Providence	State RI	Zip 02906	City Providence	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Karen McLennan		Director Name None		
Street Address 145 Meeting Street		Street Address		
City Providence	State RI	Zip 02906	City	State
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares 100	Class/Series Common	Par Value None

RECEIVED  
 210 MAR 10 PM 2:17  
 CORPORATIONS DIVISION

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**

MAR 10 2010

113557

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.

Karen McLennan 3/8/10  
Signature Date

Karen McLennan

Print or Type Name

President

Title

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_ BY \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY