RI SOS Filing Number: 201066540990 Date: 08/12/2010 4:00 PM

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 2009

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.	2. Name of Corporation		
80000	John P. Femino, MD Ltd		
3. Street Address Principal Business Office	City	State	Zip
580 Ten Rod Rd.	N. Kingstown	RI	02852
4. Business Phone No.	5. State of Incorporation		
401-294-6170	RI		

6. Brief Description of the Character of Business Conducted in Rhode Island
Medical Consulting

7. NAMES AND ADDRESSES OF THE ~~OFFICERS~~: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
John P. Femino, MD	none
Street Address	Street Address
91A Plainfield Pike	
City / State / Zip	City / State / Zip
Foster / RI / 02825	
Secretary Name	Treasurer Name
none	none
Street Address	Street Address
City / State / Zip	City / State / Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
none	none
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
none	none
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED
8,000

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
none	none	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.

[redacted] [redacted]

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.

Signature — *Date* 7-10-10

John Femino, MD
Print or Type Name

[redacted] President
Title

File Date FILED
Check No. AUG 12 2010
By: By

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Form 630 Rev. 08/08