



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 2011

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. <u>10483</u>		2. Name of Corporation <u>Elia Shammas MD INC.</u>	
3. Street Address Principal Business Office <u>One Randall Square S-302</u>		City <u>Providence</u>	State <u>RI</u>
4. Business Phone No. <u>401-831-6682</u>		5. State of Incorporation <u>Rhode Island</u>	
6. Brief Description of the Character of Business Conducted in Rhode Island <u>Psychiatric Practice</u>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>Elia Shammas MD</u>		Vice President Name	
Street Address <u>One Randall Square S-302</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <u>Ray Shammas Assistant Treasurer</u>		Director Name	
Street Address <u>One Randall Square S-302</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. SHARES AUTHORIZED			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES -- THIS SECTION MUST BE COMPLETED			
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.		Number of Shares <u>100</u>	Class Series <u>no par</u>

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 JAN 07 2011
 Check No. BY 6729
 By: _____
 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.

E. Shammas MD 1-6-11
 Signature Elia Shammas Date
 Print or Type Name President
 Title