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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.	2. Name of Corporation
14519	Petro Karanasias, M.D., Ltd.

3. Street Address Principal Business Office	City	State	Zip
100 Highland Avenue, Suite 303	Providence	RI	01906

4. Business Phone No.	5. State of Incorporation
(401) 272-1883	Rhode Island

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

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

President Name	Vice President Name
Petro Karanasias	
Street Address: 100 Highland Avenue, Suite 303	Street Address
City: Providence; State: RI; Zip: 02906	City; State; Zip
Secretary Name: Petro Karanasias	Treasurer Name: Petro Karanasias
Street Address: 100 Highland Avenue, Suite 303	Street Address: 100 Highland Avenue, Suite 303
City: Providence; State: RI; Zip: 02906	City: Providence; State: RI; Zip: 02906

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

Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip
Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip

9. SHARES AUTHORIZED

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
100		No par

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]

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct.

1/20/2011
Signature *Date*

Petro Karanasias
Print or Type Name

President
Title

[redacted]

FILED
File Date JAN 20 2011
Check No.
By: 57290-2-236579
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