



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 02904-261
401.222.304

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. 33186	2. Name of Corporation George J. Jacewicz, M. D., Inc.		
3. Street Address Principal Business Office 95 Tollgate Road	City Warwick	State RI	Zip 02886
4. Business Phone No. 401-738-6111	5. State of Incorporation Rhode Island		

5. Brief Description of the Character of Business Conducted in Rhode Island

Ear, Nose and Throat Specialist

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

President Name George J. Jacewicz, M. D.	Vice President Name George J. Jacewicz, M. D.				
Street Address 95 Tollgate Road	Street Address 95 Tollgate Road				
City Warwick	City Warwick	State RI	State RI	Zip 02886	Zip 02886

Secretary Name George J. Jacewicz, M. D.	Treasurer Name George J. Jacewicz, M. D.				
Street Address 95 Tollgate Road	Street Address 95 Tollgate Road				
City Warwick	City Warwick	State RI	State RI	Zip 02886	Zip 02886

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

Director Name George J. Jacewicz, M. D.		
Street Address 95 Tollgate Road		
City Warwick	State RI	Zip 02886

Director Name		
Street Address		
City	State	Zip

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						
	<table border="1"><thead><tr><th>Number of Shares</th><th>Class/Series</th><th>Par Value</th></tr></thead><tbody><tr><td>600</td><td></td><td>No par value</td></tr></tbody></table>	Number of Shares	Class/Series	Par Value	600		No par value
	Number of Shares	Class/Series	Par Value				
600		No par value					

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 20 2011

Check No. By MNC

By: 3824

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.

Signature

George J. Jacewicz, M. D.

Print or Type Name

President

Title

1/18/11
Date