

Matthew A. Brown, Secretary of State Corporations Division 148 W. River St. 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*

* 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 prescribe.	d br
law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.	

1. Corporate ID No. 19997		2. Name of Corporation Rhode Island Precision, Co.			
3. Street Address Principal Business Office 25 Dorr Street			City Providence	State Rhode Island	Zip 02908
4. Business Phone No. 5. State of Inc. 401-421-6661 Rhode Is			ion	<u> </u>	- 1-
To provide pediatric ar	racter of Business Conducted in nd adolescent medicine				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR A! President Name Keith Hartley			TTACHMENT) ☐ FILL IN Vice President Name Deena Hartley	SPACES BEFORE USING AT	TACHMENTS
Street Address 6 Woodlake Drive			Street Address 6 Woodlake Drive		
City Johnston	State Rhode Island	<i>‰</i> 02919	<i>city</i> Johnston	State Rhode Island	^{Ζφ} 02919
Secretary Name Deena Hartley			Treasurer Name Keith Hartley		
Street Address 6 Woodlake Drive			Street Address 6 Woodlake Drive		
City Johnston	State RI	^{Zip} 02919	City Johnston	State Rhode Island	<i>Zip</i> 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR Director Name Keith Hartley Street Address			ATTACHMENT) FILL I Director Name Deena Hartley Street Address	N SPACES BEFORE USING	ATTACHMENTS
6 Woodlake Drive			6 Woodlake Drive		
City Johnston Director Name	State Rhode Island	<i>z</i> ф 02919	City Johnston Director Name	State Rhode Island	^{Zip} 02919
Street Address			Street Address		
City	State	Zip	City	State	Zip
O. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR ATTA	 CHMENT) []	10. SHARES ISSUED	 O ("X" BOX FOR ATTACHM	IENT) [
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 common no par value			200	common	without par value
		<u> </u>			
This report must be exec	cuted on behalf of the corputed on behalf of the corp	poration by an author	orized representative. If the	corporation is in the hands o	f a receiver or trustee,

FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date	contained herein are true and correct.
FEB 08 2011	Signature Date
Check No.	Keith Hartley Print or Type Name
FOR SECRETARY OF STATE USE ONLY	President
TO A SECURITION OF STATE COLUMN	Title