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

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 Thomas F. Morgan, M.D., 12426 Ltd. 3. Street Address Principal Business Office City State Zip 54 Jefferson Boulevard RΙ Warwick 02888 4. Business Phone No. 5. State of Incorporation 401-467-7720 Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Thomas F. Morgan, MD Street Address Street Address 54 Jefferson Boulevard City State Zip City State Zip Warwick 02888 RΙ Secretary Name Treasurer Name 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 Street Address Street Address City State Zip City State Zip Director Name Director Name Street Address Street Address City City State Zip State Zip 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED 1000 ISSUED SHARES - THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of 100 Common No Par instruction sheet. 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. 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 perfinere true and correct. 2-14-1 File Date Thomas F. Morgan, Check No Print or Type Name President Bv.

Title

FOR SECRETARY OF STATE USE ONLY