

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.			and report within thirty (50) anys upon	me time preservota by man (14.	1.0.L. 7-1.2-7501(10a)) B	
1. Corporate 1D No 127483	2. Name of Corporation Nardone Medica	2. Name of Corporation Nardone Medical Associates, Inc.				
3. Street Address Principal Business Office 333 School Street, Ste. 210		^{Cuy} Pawtucket	State RI	^{Zip} 02860		
4. Business Phone No. 401-726-9790		5. State of Incorporation Rhode Island				
6 Brief Description of the Character	of Business Conducted in R	hode Island			#2 11-21	
To operate a medical pract 7. NAMES AND ADDRESSES President Name Ahmad Al-Raqqad, M.D.	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) TILL IN SPAC	ES BEFORE USING ATT	ACHMENTS	
Street Address 333 School Street, Ste. 210			Street Address			
city Pawtucket	State RI	^{Zip} 02860	City	State	Zip	
Secretary Name Ahmad Al-Raqqad, M.D.			Treasurer Name			
Street Address 333 School Street, Ste. 210			Street Address			
City Pawtucket	State RI	<i>Zip</i> 02860	City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name Ahmad Al-Raqqad, M.D.			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name			
Street Address 333 School Street, Ste. 210			Street Address			
City	State	Zip	City	State	Zip	
Pawtucket	RI	02860	• •			
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION	14 1 Aug 4404 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NT)	
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	Class/Series	Par Value		
		200	Common	No Par Value		
			egang Elektratif			
This report must be executed this report must be executed	on behalf of the corpo on behalf of the corpo	oration by an authorized ration by the receiver o	d representative. If the corpor r trustee.	ation is in the hands of a	receiver or trustee,	

	Under penelty of parity I dealers and affirm the I have a selection			
FILED	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement			
File Date MAR 02 2011	eontained herein are true and correct.			
Check No. By MAC	Signature O Date Ahmad Al-Raqqad, M.D.			
By	Print or Type Name			
FOR SECRETARY OF STATE USE ONLY	President			
i state that it is a second of state passing the second of	Title Form 630 Rev. 08/08			