

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.

subject to a penalty fee of \$25.00.	501(e), each corporation fai	ling or refusing to file its ann	ual report within thirty (30) days afte	r the time prescribed by law (R.)	I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 489614	2. Name of Corporation Robert A. Indeglia M.D., Ph.D., Inc.					
3. Street Address Principal Business Office 300 Centerville Road, The Summit East, Suite 300		^{City} Warwick	State RI	^{Zip} 02886		
l		5. State of Incorporation RI				
6. Brief Description of the Character of Medicine	f Business Conducted in Rh	oode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA (President Name Robert A. Indeglia			CHMENT)			
Street Address 300 Centerville Road, The Summit East, Suite 300			Street Address 300 Centerville Road, The Summit East, Suite 300			
^{City} Warwick	State RI	<i>^{Zip}</i> 02886	City Warwick	State RI	^{Ziμ} 02886	
Secretary Name Robert A. Indeglia			Treasurer Name Robert A. Indeglia			
Street Address 300 Centerville Road, The Summit East, Suite 300			Street Address 300 Centerville Road, The Summit East, Suite 300			
City Warwick	State RI	^{Zip} 02886	City Warwick	State RI	^{Zip} 02886	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name Robert A. Indeglia			ACHMENT) FILL IN SPA	CES BEFORE USING AT	TTACHMENTS	
Street Address 300 Centerville Road, The Summit East, Suite 300			Street Address			
_{Сііу} Warwick	State RI	^{Zip} 02886	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	77 000	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently	of record in the Offic	e of the Secretary of	Number of Shares	Class/Scries	Par Value :	
State. Changes require an additional filing. See Section 9 of instruction sheet.			100		9. 01	
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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.						
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	Under penalty of perjury, I declare and affirm that Lhave examined this report,
FILED File Date	including any accompanying schedules and statements, and that all statements contained hereinage true and correct.
Check No. APR 1 3 2011	Stendaure Date Date
FOR SECRETARY OF STATE USE ONLY	ANHORIZED to Chiet Legal OUNGE
	Title) Form 630 Rev. 08/08